

## Draft Amendments

**DELETIONS****ADDITIONS****CITATION    HEADING**

CITATION    Narrative Text. Citation

**NEW**            **New text, policy, or action.**CITATION    *Policy Element Abbreviation-Section Number.Policy Number: Policy Name*CITATION    *Action Element Abbreviation-Section Number.Action Letter: Action Name*Completed Action Text (at end of action and before citation): **Completed – See Implementation Table.**

1100            Overview 1100

1100.1            The Community Services and Facilities Element **contains** ~~provides~~ policies and actions ~~on~~ **for public facilities that provide** health ~~care facilities, child care~~ and senior care ~~facilities~~ **services, as well as community facilities that include** libraries, police stations, fire stations, and other municipal facilities such as maintenance yards. A well-balanced and adequate public facility system is a key part of **Washington, DC's** ~~the city's~~ drive to sustain and enhance the quality of life for its residents, **and to deliver services on an equitable and inclusive basis, supporting growth and prosperity, resilience, public safety, civic gathering, learning and cultural production and expression.** 1100.1

**NEW**            **This Element addresses the public health sector, recognizing the strong links between the built environment, land uses, and public health outcomes. It highlights Washington, DC's work toward providing more equitable health access and on improving health outcomes for all.**

**NEW**            **This Element also addresses the vulnerability of District facilities and services to natural and man-made shocks such as extreme weather events and security incidents; and to long-term stressors, such as sea level rise and other adverse effects of climate change.**

1100.2            Several District departments and other government agencies are responsible for the planning, **construction, modernization,** management, **protection, maintenance** and oversight of the District's **public facilities that deliver health**

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and community services ~~and facilities~~ upon which all residents depend. These departments and agencies include the Department of General Services (DGS), the Department of Health (DC Health), the Department of Human Services (DHS), the Department of Disability Services (DDS), the Department of Behavioral Health (DBH), the Department of Aging and Community Living (DACL), the Department of Corrections (DOC), the Metropolitan Police Department (MPD), Fire and Emergency Medical Services (FEMS), and the Homeland Security and Emergency Management Agency (HSEMA). This Element incorporates planning and policy guidance from the short-term and long-range plans and programs of these agencies. These agencies must coordinate their facilities master planning efforts and capital improvement plans with the District's land use plans so that Washington, DC ~~the city~~ can continue delivering essential services to existing customers while accommodating projected growth. 1100.2

1100.3 The critical community services and facilities issues facing Washington, DC ~~the District of Columbia~~ are addressed in this Element. These include:

- Assessing, rehabilitating, and maintaining facilities and lands to provide efficient and effective delivery of public services to existing and future District residents
- Investment in and renewal of the public library system and enhancing the library's role as a cultural anchor and center of neighborhood life;
- Providing facilities to offer affordable and high-quality health care services in an equitable and accessible manner;
- Providing for the public safety needs of all Washington, DC residents, workers, and visitors;
- Making the District's critical facilities and health and emergency response systems more resilient to chronic stressors and to sudden natural or man-made events;
- Ensuring that District-owned land and facilities meet the needs of a growing population, informed by a cross-systems Civic Facilities Plan.

1100.3

1100.4 Other elements of the Comprehensive Plan should be consulted for more direction on road and transit facilities (Transportation Element), school facilities (Educational Facilities Element), recreation centers (Parks, Recreation, and Open Space Element), housing for special needs populations (Housing Element), green

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building practices (Environmental Protection Element), job training facilities (Economic Development Element), and water, ~~sewer, and drainage~~, energy, solid waste, and digital systems (Infrastructure Element), and arts and cultural facilities (Arts and Culture Element). 1100.4

## 1101 Community Services and Facilities Goal 1101

- 1101.1 The goal for community services and facilities is: Provide high-quality, accessible, efficiently managed, and properly funded community facilities to support the efficient equitable and resilient delivery of municipal services, protect and enhance public health and safety, support Washington, DC's growth and development, and enhance the well-being and a high quality of life of current and future District residents. 1101.1

## Policies and Actions

## 1102 CSF-1 Ensuring Adequate Community Services and Facilities 1102

- 1102.1 Planning for adequate community services and facilities requires careful planning and, in some cases, reallocating resources and refocusing priorities. It also requires improvements and to coordination among District agencies and ongoing evaluation and adoption of new approaches to the design, funding, and prioritizing of capital improvements. 1102.1

## 1103 CSF-1.1 Long-Term Planning for Public Facilities 1103

- 1103.1 The District's Department of General Services (DGS) ~~Office of Property Management (OPM)~~ is responsible for the management, care, and operation of all many of Washington, DC's District government facilities. As of 2018, tThese facilities include over 100 835 government-owned properties buildings that include 650 buildings, dozens of triangle parks and slivers, approximately 34.5 with nearly 5.9 million square feet of floor space (inclusive of District of Columbia Public Schools), 64 13 warehouses totaling approximately 882,700 almost 730,000 square feet, and 35 75 leased buildings with 4.3 4.0 million square feet of floor space. Assets also include 26 40 parking lots, and 71 antenna locations seven of which contain communication towers. In addition, the total space leased out by DGS to private lessees is approximately 6.2 million square feet. ~~The Capital Services Construction Administration Division of the OPM~~ DGS manages and implements a building improvement program for several of the largest District agencies, including the District of Columbia Public Schools (DCPS), the Office on ~~of~~ Aging, the Department of Corrections (DOC), Fire and Emergency Medical Services (FEMS), the Department of Health (DC Health), the Department of Human Services (DHS), the Department of Parks and Recreation (DPR), the Metropolitan Police Department (MPD), the DC Public Library, and the Department of Public Works (DPW), ~~and the University~~

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~~of the District of Columbia.~~ The DGS portfolio also includes facilities of the University of the District of Columbia (UDC) and the District of Columbia Public Library (DCPL); however, building improvements as well as the management, care, and operation of these facilities are conducted by UDC and DCPL, respectively, rather than by DGS. 1103.1

NEW

The District consolidated the Department of Real Estate Services (DRES), the Office of Public Education Facilities Modernization (OPEFM), and the capital management functions for DOC, FEMS, DC Health, DHS, DPR, and MPD to create a single agency responsible for all vertical construction (with the exception of the District of Columbia Public Libraries, DCPL) for DC Government in 2011. This single agency is today's DGS.

1103.2 Historically, planning for the facility needs of these agencies ~~has~~ focused on addressing incremental, short-term capital needs rather than capital needs tied to long-term ~~growth~~ forecasts based on or land use, transportation and demographic growth and change analyses. This ~~is~~ was partially due to the advancing age of many facilities, their poor condition, and ~~the~~ an overriding emphasis on near-term facility replacement and modernization to address basic life-safety issues such as structural integrity. ~~Given the poor condition of many public buildings, the city's focus has been on addressing basic life safety issues such as structural integrity rather than planning more systematically for 10 or 20-year needs. At the same time, planning for community facilities is complicated by blurred jurisdiction—agencies like the Department of Parks and Recreation and the DC Public Schools are responsible for their own capital budgeting and facility planning. While such efforts are coordinated with OPM through the City Administrator, the system is still imperfect.~~ 1103.2

1103.3 Through the Comprehensive Plan, the District has guided Washington, DC's growth, providing a long-term perspective on future needs. The District has should be viewed as a tool for improving community facility planning on a number of levels. First, it is underpinned by an analysis of existing facilities that identified ~~s existing~~ gaps, redundancies, and functionally obsolete community facilities through a variety of place-based plans, systems plans, and facility master plans covering a wide range of public facilities ~~For instance, functionally obsolete facilities can include fire stations that no longer can accommodate modern fire fighting equipment and cannot be modernized. Second, it articulates how and where the city will grow—providing a long-term (20-year) perspective on future needs. Third, it addresses facility planning for multiple agencies. This not only has produced~~ vides for more logical and equitable capital planning, that it also presented ~~s the~~ opportunities shared use, and adaptive reuse strategies to help optimize the performance and policy outcomes of District-owned ~~of multiple services in single~~ facilities. 1103.3

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**NEW**

Since the 2006 Comprehensive Plan adoption, DGS and its predecessor agencies built over four million square feet of new public facilities and renovated or opened more than 15 police and fire stations. These figures are in addition to more than eight million square feet of school modernization projects, addressed in the Educational Facilities Element. These activities demonstrate significant strides made by the District in planning and delivering facilities that now provide better and more accessible services. As Washington, DC continues to grow and its needs evolve, opportunities to enhance cross-systems civic planning should be harnessed.

1103.4

Washington, DC ~~Since land in the District is~~ has a land area of 61 square miles and, as of 2017, a population of 693,972. Within this compact footprint and using a finite number of public facilities and lands, the District must serve the health, education, recreational, safety and security needs of residents. With anticipated growth of more than 100,000 residents over the next years, District ownership and decision-making control over these public assets will grow more critical. Moving forward, the District must carefully consider the ownership, control, use and disposition of these assets to ensure it can meet near-term and long-range needs of the residents. A Civic Facilities Plan can inventory civic assets against future needs to help inform decisions. The Civic Facilities Plan would help ensure ~~limited and is a scarce resource, the city needs to make sure that existing land devoted to community facilities is used and retained for the long term. This means that land resources should generally be preserved in District ownership if a facility is found to be obsolete, in order to ensure that the city can address current and future needs. Short-term or long-term land leases to private entities are preferred to selling such properties so that the District of Columbia can retain~~ an adequate supply of land and facilities is available for the long-term future given the high cost and limited supply of land dynamic needs of a growing residential population in the long-term future.  
1103.4

1103.5

~~The city must employ a range of techniques and tools develop community facilities given the high cost and limited supply of land.~~ In addition to financing and constructing facilities itself and co-locating compatible facilities together, the District uses joint development and public/private ventures to leverage its assets. An additional tool – and one of the most important used by the District – is the Capital Improvement Plan (CIP), a six-year, forward-looking plan that establishes the strategy for future public investment in capital assets, including city-owned facilities, equipment, and transportation infrastructure, and that prioritizes and allocates investments to specific projects based on a careful annual evaluation and assessment of needs. The Civic Facilities Plan can serve as a repository of cross-agency information that can help inform the CIP.

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**NEW**

**Co-location is the reuse of a publicly-owned site in a manner that accommodates a combination of public and/or private uses. Co-location can help Washington, DC to achieve many of the goals described in the Comprehensive Plan, such as maximizing the public benefits that a given public property, asset, facility or combination thereof can deliver.**

**Co-location can help Washingtonians individually, by providing “one stop shopping” with a variety of services typically needed by the same people in the same facility; or by keeping facilities occupied and thus safer day and night, as when apartments sit atop libraries or schools are used for community meetings in the evening. Co-location can be physical, when two or more uses occur on the same site; and/or temporal, where different uses take place at different times even in the same rooms or same building on the site, as when religious congregations rent school auditoriums on weekends and private sports leagues use school athletic facilities.**

**Thus, co-location includes but is not limited to the following potential combinations of uses on a single site:**

- **One or more community services or programs located with government offices or in government facilities;**
- **Private uses, such as affordable and mixed-income housing built together;**
- **Public uses, such as libraries, recreation facilities, police and fire stations located together or with private uses, such as housing;**
- **Child development facilities located on school property;**
- **Multiple health and wellness-related facilities; and**
- **Retail and commercial uses (such as grocery stores), that can serve community needs located alongside government uses.**

**A Civic Facilities Plan can help ensure the District considers co-location of a wide range of municipal uses and assets that can help maximize the ability of any given facility to deliver services to District residents. This is especially critical when uses under consideration are under the auspices of separate agencies.**

**NEW**

**Washington, DC is facing deferred facilities maintenance. In order to balance limited resources and competing priorities, the District is creating a comprehensive asset management plan. This plan consolidates asset inventories from all District agencies, and analyzes their maintenance and replacement schedules on a unified basis, delivering the following benefits:**

- **Better prioritization of capital projects relative to long-term risks and**



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costs;

- Ability to determine optimal rehabilitation and maintenance schedules and processes;
- Determination of financial impact of deferred capital maintenance; and
- Optimal timing for delivering new projects.

This new approach will enable the District to better understand maintenance, replacement and related investment needs, helping ensure that related budget and capital funding priorities can be optimally aligned.

NEW

As of 2017, public facilities data layers are publicly available through online tools provided by the District's Geographic Information Systems program (DCGIS), including the <http://opendata.dc.gov> portal, which is developed and maintained by the office of the Chief Technology Officer (CTO). These tools enable agencies and the public to rapidly access data, create maps, and conduct analyses. While a wide array of public facilities information is currently available through this portal, visualization of public facilities on a unified (i.e. cross-asset) basis could be improved as part of the Civic Facilities Plan. By aggregating these data, relationships and dynamics within civic systems (e.g. the way schools, libraries and parks interact) as well as alignment with other systems, such as housing and transportation, can be made more readily evident and help inform and enhance CIP and other District efforts to help shape and manage growth.

NEW

*Policy CSF-1.1.1: Civic Facilities Plan and Effective Use of District-Owned Lands and Buildings*

Ensure District-owned buildings and lands are effectively used to meet the needs of residents. Develop a citywide Civic Facilities Plan to understand the distribution, capacity, control, and occupancy of District facilities and lands across systems and agencies, taking into account service delivery and improved alignment with current needs and expected future growth.

1103.6

*Policy CSF-1.1.~~1~~2: Adequate Facilities*

Construct, rehabilitate, and maintain the facilities necessary for the efficient delivery of public services to current and future District residents. 1103.6

1103.7

*Policy CSF-1.1.~~2~~3: Adequate Land*

Ensure that the District government owns a sufficient amount of land in appropriately distributed locations to accommodate needed public facilities and meet the long-term operational needs of the government. 1103.7

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*See also the Land Use Element and Economic Development Element policies and actions to preserve and protect adequate lands for public facilities.*

***BEGIN CALLOUT BOX*****~~1103.8 The Big City Dilemma in Community Services and Facilities Planning~~  
~~1103.8~~**

~~Planning for new public facilities like libraries and police stations is an important long-range planning activity. In fast-growing suburban cities and counties, such planning usually occurs in tandem with preparation of the Comprehensive Plan, since the need for new facilities correlates directly with growth. The process is different in large, mature cities like Washington. In older cities, public facilities are usually already established, and the issue is typically replacement and modernization rather than the acquisition of new sites. This can lead to disjointed planning practices.~~

~~As part of the revision of the District Elements, the Comprehensive Plans for several other large US cities were reviewed. A summary of the public facilities provisions in the San Francisco, Atlanta, Seattle, and Baltimore Comp Plans is provided below:~~

- ~~• In San Francisco, the General Plan provides prescriptive guidance on community facility planning. It sets general criteria for locating police and fire stations, libraries, public health centers, and neighborhoods centers. For example, the plan stipulates that police stations should be accessible by public transit, that fire stations should have a ½ mile service area radius, and that each branch library should serve 25,000-50,000 residents. The Plan does not quantify future community facility needs, and does not provide specific locations for future facilities.~~
- ~~• Atlanta's Comprehensive Plan includes a public safety element with policies on police, fire and emergency management services. The policies are generally programmatic and only address specific facility needs in a few cases. For instance, high priority replacement fire stations are listed. The Plan's Human Services Element discusses the need for child care and health facilities but does not identify specific sites for such facilities. Similarly, recommendations for libraries address capital projects that are already underway rather than long-term needs for new facilities.~~
- ~~• Baltimore's recent Comprehensive Plan draft does not address community services and facilities planning for fire, police, library, health and neighborhood centers.~~
- ~~• The Seattle Comprehensive Plan includes a 20-year growth projection that is very similar in quantity to the District of Columbia's projection. In the Capital Facilities Element of their Plan, there are several policies relating to the location of new facilities, including policies to target investments to areas expecting the highest levels of residential and employment growth, and to encourage the location of facilities like schools, libraries, and~~



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~~clinics in transit served urban villages. The capital facilities needed to meet projected needs are included in the city's Capital Improvement Program rather than in the Comp Plan.~~  
~~END CALLOUT BOX~~

- 1103.9 *Policy CSF-1.1.34: ~~Retention~~ **Prioritization** of Publicly-Owned Land*  
~~Retain~~ **Prioritize** District-owned property for community facility uses. Wherever feasible, the District should use short- or long-term leases for lands not currently needed so as to preserve the District's long-term ~~S~~supply of land for public use.  
 1103.9

~~BEGIN CALLOUT BUBBLE~~

~~The co-location idea is brilliant! But make it so that small satellite social service offices can use these spaces too, and if at some point the neighborhood changes and they're not needed, then other uses for their office space could move in."~~

~~Participant in a Comprehensive Plan meeting.~~

~~END CALLOUT BUBBLE~~

- 1103.10 *Policy CSF-1.1.45: Addressing Facilities That Are Functionally Obsolete*  
 Develop reuse or disposition plans for public buildings or sites that are functionally obsolete, that cannot be rehabilitated cost-effectively, or that are no longer needed. **Before any disposition of property is made, consideration must be given to potential future uses and needs.** 1103.10

- 1103.11 *Policy CSF-1.1.56: Barrier-Free Design*  
 Require that all District public facilities accommodate the needs of persons with physical disabilities to the greatest extent possible. **Comply with the Americans with Disabilities Act (ADA) in all new construction and renovations.**  
**Consider Universal Design solutions when opportunities present themselves and as funding allows.** 1103.11

## BEGIN CALLOUT BOX

**NEW****Universal Design**

**Universal Design is defined by the National Park Service and the National Center on Accessibility as the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.**

## END CALLOUT BOX

- 1103.12 *Policy CSF-1.1.67: Location of Facilities*  
 Ensure that the planning, siting, and design of new public facilities is **not inconsistent with** ~~all~~ Comprehensive Plan goals and policies, including the Future Land Use Map and the Policy Map. 1103.12

- 1103.13 *Policy CSF-1.1.78: Public Facilities, **Equity** and Economic Development*

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Locate new public facilities to **best serve all District residents and to support economic development and neighborhood revitalization efforts, with a focus on underserved areas and areas of growth.** 1103.13

*See the Environmental Protection Element for policies on Green Building requirements for new public facilities and the Urban Design Element for policies on the design of public buildings.*

1103.14

**Policy CSF-1.1.89: Co-Location**

Encourage the **strategic** co-location of ~~multiple community services in the same facility;~~ **public municipal uses on publicly-owned and controlled sites** provided that the uses are functionally compatible with each other and ~~are also compatible the site's future land use designation with land uses and activities on surrounding properties.~~ **Consider co-location of private and public uses as a strategy that can help advance citywide and neighborhood priorities, such as the creation of affordable housing and equitable access to services.** ~~The planning of public facilities such as libraries, police and fire stations, recreation centers, job training centers, early childhood development centers, and wellness centers, shall be fully coordinated to ensure that such facilities are logically and efficiently sited, and support the goal of providing neighborhood-based services. Joint planning of District-operated facilities with other community facilities such as schools, health clinics, and non-profit service centers shall also be supported through ongoing communication and collaboration between the Office of Planning, the DC Public Schools, the Office of Property Management, the City Administrator, the Office of Budget and Planning, other District agencies, and appropriate outside agencies and partners.~~ 1103.14

**NEW****Policy CSF-1.1.10: Agency Coordination for Co-Location Strategies**

**Ensure that the Civic Facilities Plan includes inter-agency coordination for co-location of public uses early in planning and project initiation processes to ensure that critical input is captured and incorporated. Joint planning of District-operated facilities with other community facilities such as schools, health clinics, community kitchens, healthy food growing or retail spaces, and non-profit service centers should also be supported through ongoing communication and collaboration among relevant District agencies and outside agencies and partners.**

*See the Land Use Element for policies related to the siting of community facilities and mitigation of potential impacts.*

**BEGIN TEXT BOX****NEW****Food Hubs**

**The US Department of Agriculture defines food hub as “a business or organization that actively manages the aggregation, distribution, and marketing of course-identified food products primarily from local and**

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**regional producers to strengthen their ability to satisfy wholesale, retail, and institutional demand.” (Source: USDA 2012 Regional Food Hub Resource Guide)**

*END TEXT BOX*

**NEW**

***Policy CSF-1.1.11: Developing a Food Systems Network***

**Support development of a system of food hub and processing centers where nutritious and local food can be aggregated, safely prepared, and efficiently distributed to District agencies, feeding sites, homeless shelters, schools, non-profits and local businesses.**

**NEW**

***Policy CSF-1.1.12: District-Owned Facilities and Shared Uses***

**Encourage the shared use of District-owned facilities, such as recreation centers, as sites that can support a variety of programs and activities. These can include community education about nutrition, nutrition entrepreneurship, and small business development; urban agriculture; and cultural performance, production, and exhibition; and child development and care.**

***See also Educational Facilities Element.***

1103.15

*Action CSF-1.1.A: ~~Civic~~ ~~Master Public~~ Facilities Plan*

**Continue to develop and refine the District’s multi-layered approach to a Master Public Facilities master planning (MPFP) to ensure adequate community facilities and infrastructure are provided for existing residents and can be provided for new neighborhoods in Washington, DC, and to including by providing guidance for the long-term (six-year) Capital Improvements Program (CIP) and the 6-year annual capital budget. The approach MPFP should include an assessment of all District-owned or maintained community facilities and property and should identify what improvements are needed to correct deficiencies and address planned growth and change in the District. The facilities plan should be continuously maintained and updated regularly with new priorities and timelines. As needed, the Comprehensive Plan should be amended to incorporate the MPFP master facilities planning findings and to add newly developed benchmarks and standards, acreage and locational requirements for various public uses, and identification of sites for new or refurbished facilities. As part of this work the MPFP and for each planning cluster, the appropriate planning agency shall continue to annually collect and publish data on public school capacity and enrollments, recreational facilities, libraries, emergency medical service response time, sewers, green space, public transit capacity including bus routes and ridership statistics for Metrorail stations and lines as well as parking availability, and traffic volumes on roads and at key intersections. These data should be used as appropriate when evaluating the need for facility and infrastructure improvements, and for evaluating appropriate densities for**

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~~development in various neighborhoods both in the rezoning process and for planned unit developments.~~ 1103.15

- 1103.16 *Action CSF-1.1.B: Guidelines ~~Criteria~~ For ~~Re-Use~~ Public Uses of Public Facilities*  
Develop unified District inventory of public facilities and eEstablish formal, measurable ~~criteria~~ guidelines that can help the District, ~~for determining when a public facility can be deemed surplus, obsolete or too poorly located for its current public use, and therefore subject to a lease agreement for an interim use. Specific criteria should also be developed that spell out the limited circumstances when District-owned community facilities may be sold or traded for other suitable uses,~~ understand the adequacy of District-owned space for use by District agencies. 1103.16
- 1103.17 *Action CSF-1.1.C: Site Planning Procedures*  
~~Develop site planning and management procedures that mitigate adverse impacts from public facilities on surrounding areas~~ Ensure that public facility planning includes site planning and management procedures to mitigate adverse impacts on surrounding areas. 1103.17
- NEW *Action CSF-1.1.D: Civic Facilities Planning*  
Develop a Civic Facilities Plan that helps to inventory, consolidate and coordinate facility information across District agencies.
- NEW *Action CSF-1.1.E: Opportunities to Promote Local Food Businesses*  
Identify best practices and potential locations for food hubs, food business incubators, and community kitchens to expand healthy food access and food-based economic opportunity in underserved areas through co-location with job training, business incubation, and entrepreneurial assistance programs.
- NEW *Action CSF-1.1.F: Co-Location of Housing with Public Facilities*  
As part of facility master planning and the Capital Improvement Program (CIP), conduct a review of and maximize any opportunities to co-locate affordable mixed-income multi-family housing when there is a proposal for a new or substantially upgraded local public facility, particularly in high cost areas.
- NEW *Action CSF-1.1.G: Barrier-Free Design*  
Create a working group comprised of relevant District agencies to explore the use of Universal Design standards in new and existing District facilities.
- NEW *START TEXT BOX*  
Critical Physical Facilities and Infrastructure in Washington, DC  
Within Washington, DC, a network of facilities provides essential support functions in case of disasters and emergencies. Critical facilities and

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infrastructure such as government buildings, utility plants, fiberoptic telecommunications lines, highways, bridges, and tunnels are critical assets to the continuity of operations within the District. These facilities are considered critical in maintaining the overall functionality of the District's emergency services network. These facilities are essential to ensure provision of infrastructure, critical systems, and other governmental services. In the event of a disaster that compromises any of these structures, the cascading effects could be detrimental. During such a breakdown, an effective response will depend on the adaptability of the whole community, including District residents, first responders, and emergency managers.

The restoration of services to these facilities is essential to successful response and recovery operations. In addition to the District government structure and facilities, Washington, DC is home to the three branches of the federal government and numerous structures and spaces of national symbolic prominence. While these are federal assets, it is incumbent upon District government officials to collaborate with federal partners to mitigate loss.

See also the Infrastructure Element.

END TEXT BOX

**NEW****Action CSF-1.1.H: Central Kitchen Facility**

Explore the potential for establishment of a central kitchen facility, as required by the Healthy Students Act and subject to funding availability, which could function as a meal preparation site for the District's institutional meal programs (i.e. schools, homeless shelters, etc.), and aggregation center for fresh food to be distributed to local businesses, and a job training facility, among other potential functions.

1104 CSF-1.2 Funding and Coordination 1104

1104.1 The District's Capital Improvement Plan (CIP) includes city-owned facilities (e.g., libraries, recreation centers, city offices, parking lots, etc.), city-owned equipment (e.g., police cars, fire trucks, snow removal equipment, etc.), and transportation infrastructure (e.g., roads, bridges, Metro, etc.). **Washington, DC** ~~The city~~ can maximize the strategic impact of these large investments by improving **inter-disciplinary/cross-sector** coordination and by linking them to neighborhood revitalization strategies, ~~and~~ private investment plans, **facilities master plans, and long-range growth plans**. For example, city investments in transportation may be a key part of stimulating construction of a major new development. Investments in a new community center or school may be a pivotal component of commercial district renovation, and so on. **The District has begun to formalize** ~~This linkage relationship has often been~~ **through policy links**

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~~missing in the past, in part due to the lack of a formalized connection~~ between the **CIP Capital Improvement Program** and the Comprehensive Plan. 1104.1

- 1104.2 ~~In 2004, the Council of the District of Columbia adopted legislation giving the District's Office of Planning the authority to coordinate capital improvement planning, and confirm the consistency of proposed capital improvements with the Comprehensive Plan. OP helps the District to develop and refine principles for capital planning and to coordinate links among long-range growth plans, facility master plans, and the CIP. This responsibility is currently shared by a "Technical Review Team", including representatives of about a dozen District agencies involved in public facility planning. In addition, the City Administrator's Office has led a Master Public Facilities Planning Program to help District agencies assess their facility needs so that capital budgets can be more effectively coordinated.~~ 1104.2

~~BEGIN PHOTO AND CAPTION~~

~~The District's Capital Improvement Plan (CIP) includes city-owned facilities (e.g., libraries, recreation centers, city offices, parking lots, etc.), city-owned equipment (e.g., police cars, fire trucks, snow removal equipment, etc.), and transportation infrastructure (e.g., roads, bridges, Metro, etc.).~~

~~END PHOTO AND CAPTION~~

- 1104.3 *Policy CSF-1.2.1: Capital Improvement Programming*  
**Continue to u**Use the capital improvement program process to coordinate the phasing, prioritizing, and funding of public facilities. 1104.3
- 1104.4 *Policy CSF-1.2.2: **Strengthening** Links ~~ing~~ **between** the Comp Plan and Capital Improvement Program*  
**Continue to improve links between the Comprehensive Plan and the District's Capital Improvement Program (CIP) through the Civic Facilities Plan, which** ~~Use the District's Comprehensive Plan, particularly its analysis of growth needs and service adequacy, to establish priorities for the funding of capital improvement projects. Public facility planning should be done~~ systematically and comprehensively and ~~should be~~ based on analytical data about community needs, service levels, and projections—in addition to facility condition assessments. **Additionally, provide relevant Comprehensive Plan and Civic Facilities Plan guidance to individual agencies in earlier phases of their strategic planning, facilities master planning, and budget development processes, which can strengthen the cross-links and add efficiencies to the District's annual CIP and capital budget development process.** 1104.4
- 1104.5 *Policy CSF-1.2.3: Construction and Rehabilitation*  
**Continue to i**Improve the coordination of public facility construction and rehabilitation projects to minimize public costs, maximize community benefits, and avoid service disruption. 1104.5



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- 1104.6 *Policy CSF-1.2.4: ~~Alternative~~ **Innovative** Financing Strategies*  
**Continue to explore ~~Develop and apply~~ alternative ~~capital~~ financing strategies for projects that provide public benefits, including and public facilities.**  
**Strategies ~~construction techniques~~, including ~~ground leases~~, impact investing,**  
 joint development, creative leasing arrangements, and **other** financing  
 instruments that **reduce long-term debt accumulation have no effect on the**  
**District's debt cap and can maximize financial performance and achieve**  
**public policy outcomes.** 1104.6
- 1104.7 *Policy CSF-1.2.5: Planning For Maintenance and Operation*  
**Continue to d**~~Develop~~ and fund adequate maintenance budgets for all public  
 facilities based on industry standards. Require an evaluation of projected  
 operating and maintenance (O&M) costs before approving new capital facilities to  
 ensure that sufficient funds will be available for O&M once a new facility is  
 constructed. 1104.7
- 1104.8 *Policy CSF-1.2.6: Impact Fees*  
**Continue to e**~~Ensure~~ that new development pays its “fair share” of the capital  
 costs needed to build or expand public facilities to serve that development.  
 Consider the use of impact fees for schools, libraries, and public safety facilities  
 to implement this policy. Adoption of any fees shall take potential fiscal,  
 economic, and real estate impacts into account and shall be preceded by the  
 extensive involvement of the development community and the community at  
 large. 1104.8
- 1104.9 *Action CSF-1.2.A: Capital Projects Evaluation*  
**Continue to refine** ~~Develop~~ measurable criteria, standards, and systematic  
 coordination procedures to evaluate capital improvement projects. 1104.9
- 1104.10 *Action CSF-1.2.B: ~~Property Data Base~~ **Inventory of lands owned by or under the***  
**jurisdiction of the District**  
 Contin**ually to** update and expand the District's property management data base,  
 identifying the location, size, and attributes of all DC-owned facilities and  
 properties. If feasible, develop a publicly accessible on-line data base displaying  
 this information. 1104.10
- NEW** *Action CSF-1.2.C: Coordinate Facilities Master Planning with Civic Facilities*  
**Planning**  
**Improve facilities master planning processes and outcomes by coordinating**  
**facilities master planning efforts of individual agencies with civic facilities**  
**planning effort. This coordination can illuminate relationships and dynamics**  
**across systems, helping to inform the District's public investments.**

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1105 CSF-2 Health ~~and Human Services~~ 1105

**NEW** **One of Washington, DC's most important resources is the health of its residents. While many of the District's residents and neighborhoods enjoy exceptional health, significant health disparities persist along dimensions of income, geography and race, as well as gender and age in the District**

**NEW** **Washington, DC's Department of Health (DC Health) promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital. The responsibilities of DC Health include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.**

**NEW** *BEGIN CALLOUT BOX*  
**Social and Structural Determinants of Health**  
**The World Health Organization defines the social and structural determinants of health (SSDH) as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The District has adopted this understanding of the larger factors that shape health and influence opportunities for health and outcomes, including health equity in our city.**  
*END CALLOUT BOX*

**NEW** **The DC Health Equity Report 2018 lays out a comprehensive baseline data set of key drivers of health. Non-clinical determinants of health influence 80% of health outcomes, with the remaining 20% determined by clinical care. (HER 2018) The nine drivers, education, employment, income, housing, transportation, food environment, medical care, outdoor environment and community safety, were mapped thematically by statistical neighborhood (n=51) and overlaid with life expectancy estimates. There was a strong correlation between differences in life expectancy and differences in key driver outcomes by statistical neighborhood, underscoring the need for shared collective impact goals and practices across sectors and applied health in all policies approaches.**

**NEW** **While the 2006 Comprehensive Plan focused on advancing equitable access to healthcare services to address disparities in health outcomes, the District's approach has evolved to better recognize and incorporate the role and effect of social and structural determinants on health. Thus, the Comprehensive Plan now seeks to improve population health by providing health-informed policy guidance for the future of Washington, DC's built and natural**

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environments. While policies contained in this section focus on the traditional health care infrastructure and clinical care service delivery system, transportation, housing, economic development and other important social/structural determinants are addressed in other Comprehensive Plan Elements.

- 1105.1 This section of the Community Services and Facilities Element **focuses on** ~~addresses~~ the adequacy, maintenance, and expansion of ~~community~~ health **care facilities centers as important contributors to the health of District residents,** as well as the provision and improvement of human service facilities such as ~~child care-and~~ senior-**wellness** centers. **Recognizing that education and learning are lifelong endeavors and reflecting the District's evolving approach to early childhood care and development, the child care section was moved from this Element to the Educational Facilities Element and retitled to "Child Development."** ~~These facilities are sometimes referred to as a city's "social infrastructure." They are just as important to the quality of life as water, sewer, and transportation facilities, and have spatial needs that must be addressed over the coming years.~~

**NEW**

BEGIN CALLOUT BOX

**Health**

**Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. (World Health Organization).**

END CALLOUT BOX

Planning for **accessible and equitable health care facilities** ~~social infrastructure~~ is complicated by **a broad set** ~~a number~~ of factors, **particularly including** the changing nature of the nation's health care delivery system and the District's limited jurisdiction over private service providers. ~~Nonetheless, t~~The Comprehensive Plan can **inform and guide public and private investments in support of** ~~at least state~~ the city's commitment to provide **an adequate distribution of facilities and services that support health and promote health equity across the District. This includes** ~~for an adequate distribution of public facilities across the city, as well as~~ measures to advance ~~public~~ health through the design of the city and protection of the environment. 1105.1

**NEW**

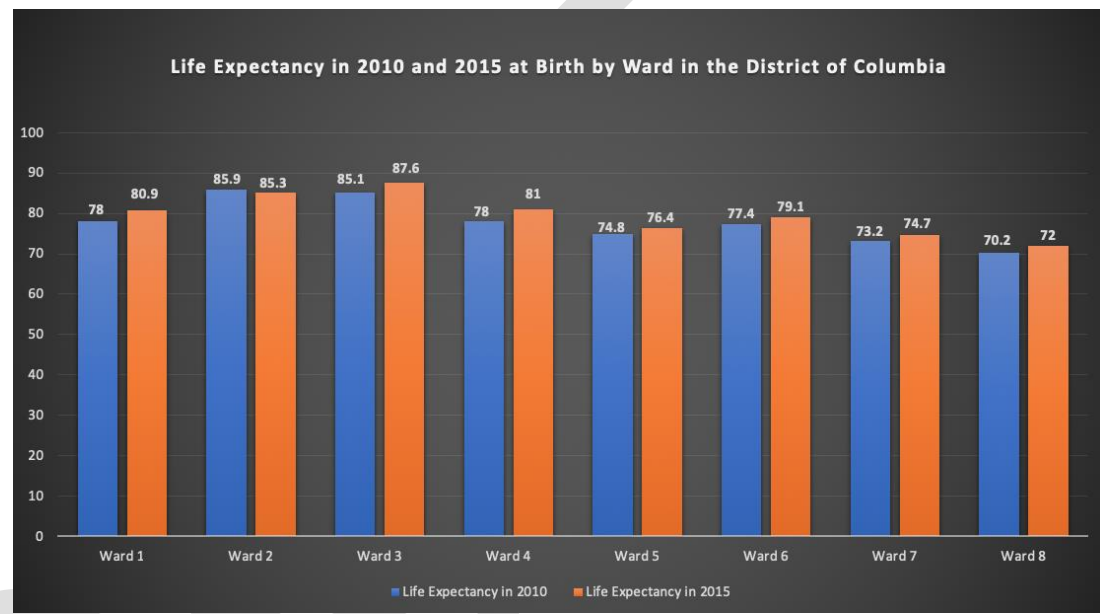
**The DC Health Equity Report 2018 shows that there are differential opportunities for health across the District by income, geography and race. The most racially and economically segregated neighborhoods are also at the extremes of life expectancy estimates, with majority Black (and low-income) populations experiencing the lowest and majority White (and high-income) populations experiencing the highest life expectancies. Overall life expectancy at birth for Washington, DC residents increased from an average of 78 years in 2013 to 79 years in 2015, closing the gap with the U.S. estimate of 78.8 in the same year. All District Wards experienced an improved life**

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expectancy from 2010 to 2015, with the largest gain seen in Ward 6 and the smallest in Ward 7 (See Figure 11.1). However, when evaluating smaller geographic areas, the gap between the highest and the lowest life expectancy estimates increases to more than 21 years. Again, the social and structural determinants of health influenced by geography, race, and income level are major intersecting components that drive the differences in estimated life expectancy and other population health outcomes across the city.

**NEW**

**Figure 11.1. Life Expectancy in 2010 and 2015 at Birth by Ward in the District of Columbia**



*(Sources: Data for the 2010 life expectancy estimates are drawn from the DC Health's 2013 Community Health Needs Assessment. Data for 2015 are drawn from DC Health's Draft/Unpublished Health Equity Report.)*

**Note:** the 2010 and 2015 life expectancy estimates were calculated as the average of the current and preceding four years. Five-year averages are more reliable predictors of life expectancy estimates than single-year data points, since the latter identify a trend over multiple years.

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**NEW**  
**Ward****Figure 11.2. Leading Causes of Death in the District of Columbia 2015, by**

**Table 2. Leading Causes of Death in  
The District of Columbia, 2015**

---

**Age-Adjusted Rate Per 100,000 Population**

DC Rank	Cause of Death	Age Adjusted
1	Heart Disease	186.4
2	Malignant Neoplasms (Cancer)	166.5
3	Accidents (includes falls and overdoses)	39.4
4	Cerebrovascular Disease (Stroke)	37.9
5	Diabetes	25.6
6	Chronic Lower Respiratory Disease	23.1
7	Alzheimer's Disease	19.2
8	Homicide/Assault	17.5
9	Influenza and Pneumonia	16.2
10	Septicemia	13.4

District of Columbia Department of Health, Center for Policy, Planning, and  
Evaluation, Data Management and Analysis Division

**(Source: Behavioral Risk Factor Surveillance System, 2015 Annual Report, DC Health)**

**NEW**

**Compared to national trends, data from 2015 in Table 11.1 indicate Washington, DC has higher rates of heart disease mortality and homicide compared to the U.S. and a higher prevalence of stroke. However, a larger percentage of District residents report routine health care checkups compared to the U.S. Additionally, while HIV/AIDS incidence and mortality have decreased over the last decade, the rates are still at an epidemic level in the District, with a prevalence of 1.9 percent as of 2017.**

**NEW**

**Notable trends displayed in the District's 2015 Behavioral Risk Factor Surveillance System (BRFSS) annual health report show a slight improvement among residents who receive preventative care and who take steps to prevent future illness. However, data trends from 2015 demonstrate a steady decline among Washington, DC residents who are overweight or obese. The variation in obesity rates is linked to access to healthy foods and to parks and recreational facilities.**

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**NEW**

**Table 11.1 Top Ten Leading Causes of Death in the District of Columbia and the United States, Age-Adjusted Rates per 100,000 population, 2015**  
**Source: District of Columbia Department of Health**

District of Columbia	Rate per 100,000	United States	Rate per 100,000
1. Heart Disease	186.4	1. Heart Disease	168.5
2. Cancer	166.5	2. Cancer	158.5
3. Accidents	39.4	3. Chronic Lower Respiratory Disease	41.6
4. Cerebrovascular Disease (Stroke)	37.9	4. Accidents	43.2
5. Diabetes	25.6	5. Cerebrovascular Disease (Stroke)	37.6
6. Chronic Lower Respiratory Disease	23.1	6. Alzheimer's Disease	29.4
7. Alzheimer's Disease	19.2	7. Diabetes	21.3
8. Homicide/Assault	17.5	8. Influenza and Pneumonia	15.2
9. Influenza and Pneumonia	16.2	9. Kidney Disease	13.4
10. Septicemia	13.4	10. Suicide	13.3

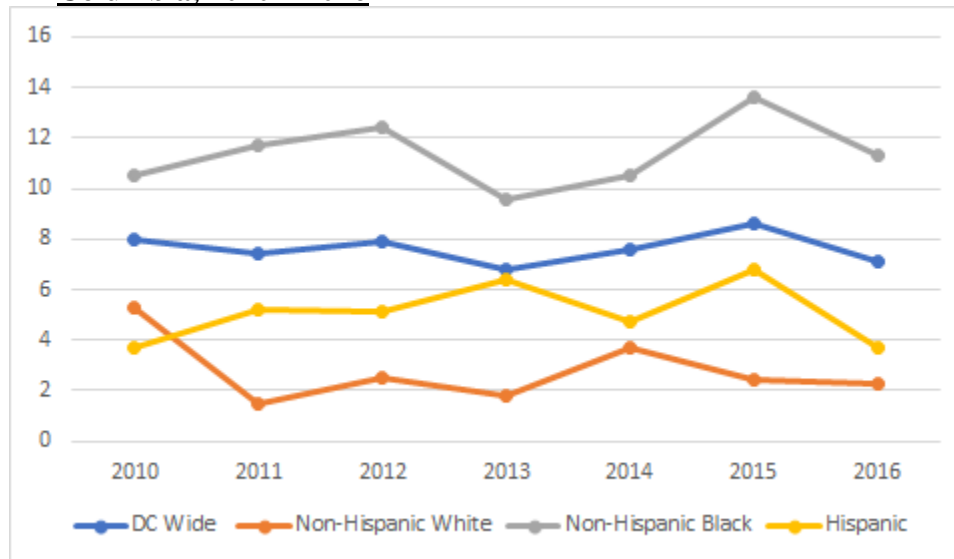
**(Sources: Center for Policy, Planning and Evaluation; District of Columbia Department of Health. Xu, Jiaquan, et al; Mortality in the United States, 2015; Centers for Disease Control and Prevention.)**

**NEW**

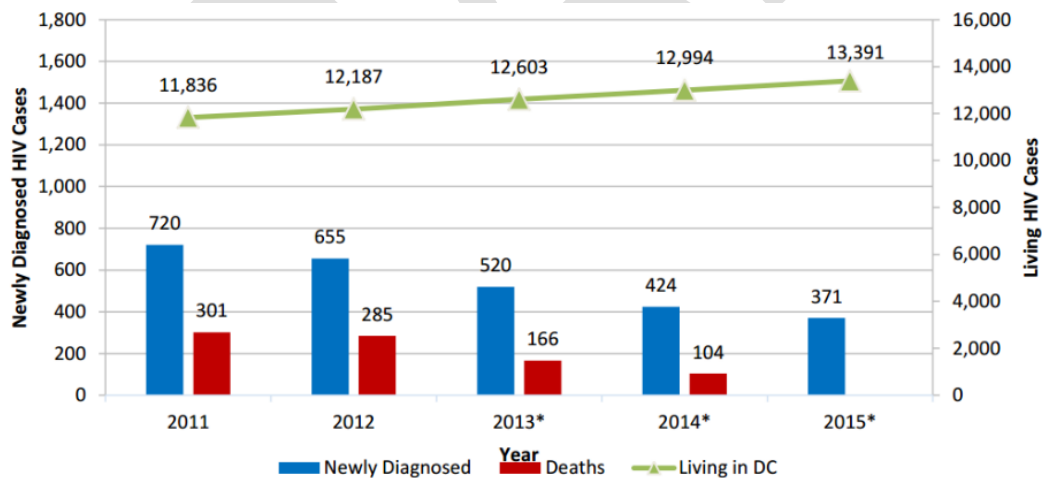
**Washington, DC has experienced improvements in perinatal health outcomes, such as a decline in infant mortality rate from 11.8 deaths per 1000 births in 2009 to 7.1 in 2016. However, while the overall infant mortality rate has declined, significant disparities persist based on race and geography (Figure 11.3). In 2015, non-Hispanic black mothers were five times more likely to experience infant mortality than non-Hispanic white mothers, and Hispanic mothers were 1.6 times more likely to experience infant mortality than non-Hispanic white mothers in the District.**



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**NEW****Figure 11.3. Infant Mortality Rate per 1,000 Live Births, District of Columbia, 2010 – 2016**

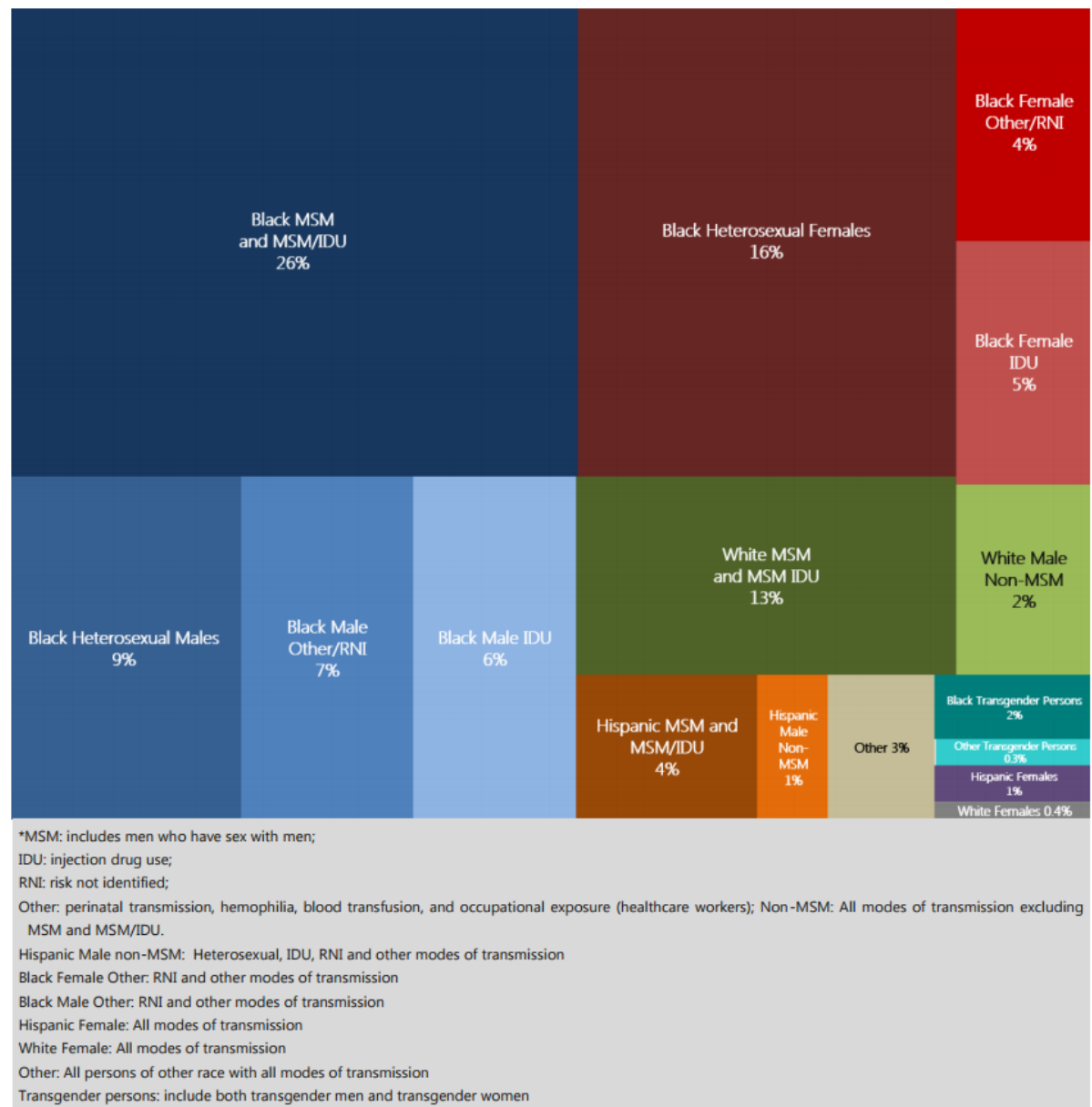
*(Source: District of Columbia Department of Health, Perinatal Health Report, DC Health, 2018)*

**NEW****Figure 11.4: Newly Diagnosed HIV Cases, Deaths, and HIV Cases Living in DC by Year, District of Columbia, 2011-2015**

\*Information concerning death in 2013-2015 is limited to the District of Columbia vital records only. The number of deaths documented 2013-2015 may increase as information from other sources (i.e. NDI and SSDMF) become available.

*(Source: HIV/AIDS, Hepatitis, STD, and TB Administration, Annual Epidemiology & Surveillance Report: Surveillance Data through December 2015, D.C. Department of Health, 2017.)*

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**NEW****Figure 5: Proportion of HIV Cases Living in DC, by Race/Ethnicity, Gender Identity and Mode of Transmission, District of Columbia, 2015 (n = 13,391)**

**(Source: HIV/AIDS, Hepatitis, STD, and TB Administration, Annual Epidemiology & Surveillance Report: Surveillance Data through December 2015, D.C. Department of Health, 2017.)**

**NEW**

**As shown in Figure 5, approximately 1.9 percent of Washington, DC residents live with HIV (considered an epidemic level). While there were still newly-diagnosed cases of HIV in 2017, this number declined significantly—by 31 percent from 2013 and by 73 percent from 2007. However, equity concerns remain as the populations with the highest rates of HIV are black**

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men and black women. When examining residents living with HIV, 27 percent were black men who have sex with other men and/or use injection drugs, 16 percent were heterosexual black women, and 14 percent were white men who have sex with other men and/or use injection drugs in 2017.

NEW CSF-2.1 Health and Health Equity

NEW Health equity is defined as the commitment to ensuring that everyone has a fair and just opportunity to be healthier. Many of the determinants of health and health inequities in populations have social, environmental, and economic origins that extend beyond the direct influence of the health sector and health policies. Thus, public policies in all sectors and at different levels of governance can have a significant impact on population health and health equity. Thus, Washington, DC is moving towards a “Health in All Policies” (HiAP) approach, a systems-wide cross-sector consideration of health in government decision-making. This HiAP approach seeks to advance accountability, transparency and access to information through cross-sector and multi-level collaboration in government.

NEW While access to affordable, equitable, quality clinical care and health behaviors is crucial for improving health outcomes. DC Health has advanced this framework through several strategic plans including DC Healthy People 2020 (DC HP2020), the DC Health Systems Plan (HSP), the DC State Health Innovation Plan (SHIP), and by continually developing and deploying innovative tools that help track and improve health outcomes.

NEW Further, Sustainable DC 2.0, a multi-agency initiative led by the Department of Energy and Environment (DOEE) and the Office of Planning (OP), includes the goal of improving population health by systematically addressing the link between community health and place, including where we are born, live, learn, work, play, worship, and age. Sustainable DC 2.0 sets a target of reducing racial disparities in the life expectancy of residents by 50 percent by 2032.

NEW The District has adopted an overarching framework of health equity, defined as the commitment to ensuring that everyone has a fair and just opportunity to be healthier. Achieving health equity requires an explicit focus on and targeting of societal structures and systems that prevent all people from achieving their best possible health, including poverty, discrimination, and lack of access to economic opportunities.










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**NEW**

**Table 11.2 Leading Health Indicator Chart, District of Columbia**  
**District of Columbia Healthy People 2020, Annual Report and Action Plan**  
**2017 - 2019**

<span style="color: red;">●</span> Getting Worse <span style="color: blue;">●</span> Improving <span style="color: green;">●</span> 2020 Target Met <span style="color: orange;">●</span> Little/No Change <span style="color: yellow;">●</span> New Data/No Data					
Number	Leading Health Indicator	Baseline (Year)	Recent (Year)	Target (2020)	Status
 <b>1. Mental Health and Mental Disorders</b>					
MHMD-2	Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs)	6.9% (2010)	10.0% (2015)	5.8%	<span style="color: red;">●</span>
 <b>2. Injury and Violence Prevention</b>					
AH-11	Reduce homicide rate among 20-24 year olds (per 100,000)	46.9 (2012)	49.3 (2016)	32.7	<span style="color: red;">●</span>
IVP-2	Reduce fatal injuries (per 100,000)	49.4 (2012)	83.9 (2016)	46.3	<span style="color: red;">●</span>
 <b>3. Access to Health Services</b>					
AHS-2	Increase percentage of residents who receive preventive care	74.6% (2011)	76.2% (2015)	80.3%	<span style="color: blue;">●</span>
 <b>4. Nutrition, Weight Status and Physical Activity</b>					
NWP-2	Decrease the number of food deserts	9 (2014)	6 (2015)	0	<span style="color: blue;">●</span>
NWP-4.1	Reduce the proportion of children and adolescents who are considered obese	20.6% (11/12)	19.5% (16/17)	14.5%	<span style="color: orange;">●</span>

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 <b>5. Clinical Preventive Services</b>					
C-5	Increase early detection for cancer (% in situ or local)	48.4% (2010)	55.2% (2014)	57.0%	●
D-4	Reduce the proportion of persons with poor control of diabetes	37.1% (2013)	33.8% (2015)	27.2%	●
HDS-4.1	Increase the proportion of adults with hypertension whose blood pressure is under control	55.7% (2013)	61.9% (2015)	77.4%	●
IID-2.2	Increase the percentage of children aged 19 to 35 months who receive the recommended doses of vaccinations	66.2% (2010)	76.3% (2015)	80.7%	●
 <b>6. Social Determinants of Health</b>					
AH-2.1	Increase the 4-year high school graduation rate	59% (10/11)	72.4% (16/17)	80%	●
SDH-4	Decrease proportion of persons living in poverty	18.5% (2010)	18.0% (2015)	16.7%	●
 <b>7. Substance Use</b>					
MHMD-4	Increase the proportion of persons with co-occurring substance use and mental disorders who receive treatment for both disorders	N/A	N/A	TBD	○
 <b>8. Oral Health</b>					
OH-2	Increase percentage of residents who receive preventive dental care	71.1% (2012)	72.5% (2015)	78.2%	●
 <b>9. HIV</b>					
HIV-2	Reduce the number of new annual HIV infections in all ages	889 (2010)	347 (2016)	196	●
 <b>10. Maternal, Infant and Child Health/Perinatal Health</b>					
MICH-1	Decrease infant mortality rate (per 1,000 live births)	8.0 (2010)	7.1 (2016)	6.0	●
MICH-2.1	Decrease total preterm births	11.0% (2011)	10.8% (2016)	6.5%	●
 <b>11. Tobacco Use</b>					
TU-4	Reduce the early initiation of the use of tobacco products among children and adolescents in grades 9-12	8.3% (2010)	7.0% (2015)	7.5%	●
 <b>12. Older Adults</b>					
OA-1	Improve overall health of older adults (50+)	73.6% (2011)	78.5% (2015)	90%	●
 <b>13. LGBTQ Health</b>					
LGBTH-3	Decrease the percentage of youth in grades 9-12 who were threatened or hurt because someone thought they were gay, lesbian, or bisexual	10.7% (2010)	16.5% (2015)	4.2%	●

**(Source: Annual Report & Action Plan, 2017 – 2019, DC Healthy People 2020, District of Columbia Department of Health)**

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**NEW***BEGIN TEXT BOX***Strategic Planning and Implementation Frameworks for Improving Community Health**

**The approach of DC Health to population health improvement consists of cross-cutting plans and implementation frameworks that include the DC Healthy People 2020 Framework (DC HP2020), the DC State Health Innovation Model (SHIP), and the DC Health Systems Plan (HSP).**

**DC HP2020, adopted in 2016, sets goals and targets for health outcomes for the year 2020 (the District's leading health indicators are shown in Table 11.2), and provides evidence-based strategies to improve them. As of 2017, five percent of the leading health indicators in HP2020 were met, 50 percent improved, 25 percent had no change, and 20 percent worsened. The DC SHIP, released in 2016 and seeks to improve primary health care, and to better coordinate care for vulnerable residents, enhancing patient care experience and reducing costs. Finally, the DC HSP, released in 2017, serves as the District's roadmap for developing a comprehensive, accessible, equitable health care system through comprehensive assessment of community needs, provider capacity and service gaps, and strategies for strengthening health services.**

**Together, these three plans identify the strategic needs and priorities essential to the Washington, DC's community health improvement agenda and advancing social and structural determinants of health for all residents. These plans are all informed by an equity lens, recognizing the importance of social and structural determinants in population health outcomes. Incidentally, DC Health plans to publish a Health Equity Report in 2019.**

*END TEXT BOX*

**NEW***BEGIN CALLOUT BOX***Person-Centered Thinking, Cultural and Linguistic Competence**

**The District recognizes that person-centered thinking, cultural competence, and linguistic competence are keys to promoting equity in health. Person-centered thinking is a philosophy that encourages positive control and self-direction of people's own lives. Cultural competency is the ability of District agencies to deliver services in a manner that affirms worth, preserves dignity, and honors the preferences and choices of people of all cultures and human identities, in accordance with the DC Human Rights Act, which makes discrimination illegal based on 19 protected traits. Cultural competency also incorporates a person's cultural values, beliefs and practices, mode of communication, and economic status including sensitivity to the environment from which the person comes and to which the person may ultimately return in all aspects of service delivery. Linguistic**



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competence involves the District's ability to communicate in a manner and through modes that can be easily understood by diverse groups, including but not exclusive to persons who have low literacy skills or are not literate, persons with disabilities, and persons who have limited and non-English proficiency.

END CALLOUT BOX

**NEW**

**Policy CSF-2.1.1: Enhance Health Systems and Equity**

**Support the Strategic Framework for Improving Community Health, which seeks to improve public health outcomes while promoting equity across a range of social determinants that include health, race, income and geography.**

**NEW**

**Policy CSF-2.1.2: Advancing Inclusion for All People in the District**

**Promote Person-Centered Thinking as well as linguistic and cultural competence across city agencies, especially those that deliver long-term services and supports. Inclusion can also be enhanced by enhancing cross-agency communications to improve coordination of service delivery to all residents.**

**NEW**

**Policy CSF-2.1.3: Health in All Policies (HiAP)**

**Advance a health-forward approach that incorporates health considerations early in the District's government planning processes.**

**NEW**

**Action CSF-2.1.A: Public Health Goals**

**Continue efforts to set public health goals and track and evaluate key health indicators and outcomes.**

**NEW**

**Action CSF-2.1.B: Primary Health Care Improvements**

**Intensify efforts to improve primary health care and enhance coordination of care for the District's most vulnerable residents to improve health, enhance patient experience of care, and reduce healthcare costs.**

**NEW**

**Action CSF-2.1.C: Health Care System Roadmap**

**Continue refining and implementing the District's health care system roadmap for a more comprehensive, accessible, equitable system that provides the highest quality services in a cost-effective manner to those who live and work in the District.**

**NEW**

**Action CSF-2.1.D: Advance People-Centered Thinking, and Cultural and Linguistic Competency**

**Enhance and expand training of District agency employees regarding people-centered thinking, and cultural and linguistic competency.**

**NEW**

**Action CSF-2.1.E: Built Environment and Health Outcomes**

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Explore tools that can help decision makers, practitioners, and the city's residents to better understand how changes in the built environment can affect human health. Such tools can include Health Impact Assessments (HIAs).

NEW

*Action CSF 2.1.F: Advancing Grocery Store Access in Underserved Areas*  
Enhance healthy food access, address diet-related health disparities, and generate economic and social resilience by supporting the development of locally-owned, community-driven grocery stores in areas with low access to healthy food options. Such support should include targeted financing, technical assistance, and co-location with new mixed-use developments.

NEW

CSF-2.2 Healthy Communities and Resilience

NEW

Healthy communities, where social and structural determinants of health are met and supported, are also resilient communities. According to the U.S. Department of Health and Human Services, "health is a key foundation of resilience because almost everything we do to prepare for disaster and protect infrastructure is ultimately in the interest of preserving human health and welfare." Communities with poor health outcomes and disparities in disease incidence, physical activity levels, and healthy food and healthcare access are more vulnerable and slower to recover from major shocks and chronic stressors. When these social and structural determinants of health are addressed, communities improve their ability to withstand and recover from disaster, becoming more resilient.

NEW

While much focus is given to the vulnerability of the built environment and physical systems, underlying social and economic conditions of communities also play a significant role in their ability to recover rapidly from system shocks. Thus, community resilience is directly related to the ability of a community to use its assets to improve the physical, behavioral and social conditions to withstand, adapt to, and recover from adversity.

NEW

Given the strong links among resilience and community health, equity, and social cohesion, communities can employ multiple strategies to become more resilient, including improving access to health care facilities and social services; increasing access to healthy foods; expanding communication and collaboration within communities so that individuals can help each other during adverse events; and providing equitable disaster planning and recovery, recognizing some areas of the District will be more heavily impacted than others due to existing socio-economic conditions and other factors. These cross-cutting components of resilience and public health are addressed with policies that are contained throughout the Comprehensive Plan. While this section focuses on health facilities and services, it is

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**important to understand these within the broader context of health in all policies, equity, and resilience.**

**NEW****Policy CSF-2.2.1: Behavioral Health and Resilience**

**Leverage the links between behavioral health and the resilience of individuals to bolster District efforts to build community resilience. These factors include programs and activities that enhance the well-being of Washington, DC residents by preventing or intervening in mental illness, depression or anxiety, and substance abuse. These and other measures can strengthen the ability of individuals, households, and neighborhoods to be prepared for and recover from potential emergencies and disasters.**

CSF-2.1<sup>3</sup> Health Facilities and Services 1106

- 1106.1 ~~Access to quality and affordable health care for all its residents is a challenge in the District as it is across the nation. In 2003, 13 percent of District residents were uninsured. Of the remaining 87 percent, 24 percent were covered by Medicaid, 10 percent by Medicare only, and 53 percent through employer or individual insurance programs. 1106.1~~
- 1106.2 ~~The District has been taking steps to expand access to health care. Since 1998, the District has increased the number of people enrolled in Medicaid, the federally and locally funded benefit program, from 112,000 residents to 138,000. In 2002, more than 75 percent of the District's eligible residents were enrolled in Medicaid. 1106.2~~
- 1106.3 ~~The District has also enrolled more than 20,000 people in the locally funded DC HealthCare Alliance, one of the few programs in the nation that pays for health services for low-income people who do not qualify for Medicaid. 1106.3~~
- 1106.4 ~~Yet, many District residents still have poor health and high rates of chronic disease and disability. In 2003, life expectancy in the District was 68 years, compared to the national average of 76.7 years. The HIV/AIDS rate in the District is ten times the national average. Illnesses like asthma, hepatitis, tuberculosis, and diabetes are also more prevalent in the District than in the nation at large. Some of these disparities are due to higher risk factors in the city, such as obesity, poor nutrition, substance abuse, and violence. But these factors alone do not determine the well-being of District residents. The incidence of serious illness and need for hospitalization can also be reduced through preventive treatment and more effective primary care. Consequently, many of the health care initiatives in the city aim to improve the delivery of affordable primary care services to residents. 1106.4~~
- 1106.5 ~~The Primary Care Administration (PCA) of the District Department of Health is responsible for developing new primary care sites, developing systems to monitor~~

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~~the quality of services provided at health care clinics, and assisting in the physical improvement of clinic space to improve access and increase capacity. The PCA also provides financial assistance for the improvement of existing primary care and community health center facilities. PCA provides subsidies to nonprofit health centers across the District. PCA also co-funds the Medical Homes DC program. In addition, PCA designates Health Professional Shortage Areas, Medically Underserved Populations (MUP) and Medically Underserved Areas (MUA), based on federal standards. 1106.5~~

1106.6 ~~According to the District of Columbia Primary Care Association (DCPCA), a local nonprofit health care organization, more than half of the District's residents live in neighborhoods without adequate primary health care facilities or services. Many of the existing community health centers have significant unmet capital needs and do not have access to funds to renovate or replace their facilities. 1106.6~~

1106.7 ~~In response to these long-term needs, DCPCA initiated a program called Medical Homes DC in 2003 (see text box next page). The program seeks to enlarge and enhance the current network of community health centers. A "medical home" is a primary care facility where a patient's health history is known, where a patient is seen regardless of their ability to pay, and where a patient can routinely seek non-emergency care. 1106.7~~

**NEW** **Over the last decade, the District focused public health efforts on expanding primary care across the city. During this time, the District invested over \$71 million in the construction of new state-of-the-art primary care facilities and the renovation of existing primary care facilities across the city. DC Health funded a total of 15 medical home-focused capital expansion projects between 2006 and 2016 in seven of the District's eight Wards (1, 2, 4, 5, 6, 7, 8). Twelve of these 15 projects were completed in collaboration with the District of Columbia Primary Care Association (DCPCA), a non-profit health care and advocacy organization dedicated to improving the health of DC's vulnerable residents by ensuring access to high quality primary health care, regardless of an ability to pay. DCPCA has worked for more than a decade to enlarge and enhance the network of community health centers and to improve access to nonemergency care regardless of one's ability to pay.**

**NEW** **These past investments have increased provider capacity throughout Washington, DC to levels now sufficient to serve our population. Today's issues are no longer quantity and availability of care, but convenient accessibility and appropriate utilization. The new strategic focus therefore needs to emphasize coordinated, patient-centered care—the right care, at the right time, and in the right place. Looking to the future, the District must invest in addressing the underlying factors that pose persistent barriers,**

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including factors that lead to the underuse of preventative services and overuse of emergency rooms.

NEW

While healthcare coverage in the District was already high after the 2006 adoption of the Comprehensive Plan, implementation of the federal Affordable Care Act (ACA) in 2010 provided more residents with increased access to health insurance – leading to Washington, DC’s achieving the second-highest coverage rate in the nation in 2017. As highlighted in the District’s 2017 Health Systems Plan, the ACA led to early expansion of Medicaid in the District which in turn raised health insurance coverage to 93 percent of adult residents and 96 percent of children residing in the District. While significant strides have been made, Washington, DC residents, particularly residents of color, continue to face barriers to accessing some types of healthcare. Promoting health care coverage and appropriate utilization of services for all its residents therefore continues to be a challenge in the District.

NEW

Washington, DC is fortunate to have a wealth of health care facilities, including large, full-service hospitals, primary care health centers, long term care facilities and assisted living residences. Additionally, as shown in Table 11.3, in 2017 there were 161 pharmacies and a variety of outpatient private medical facilities in Washington, DC that offer an expanding range of services. However, with the changing demographic and health care services landscape, new needs and gaps have emerged.

1106.8

~~Building a Healthier City: The Medical Homes DC Initiative 1106.8~~

~~Medical Homes DC is an initiative of the DC Primary Care Association designed to improve the quality and effectiveness of primary health centers in the city. The project will serve the uninsured and underinsured residents of the District, many of whom seek primary care at hospital emergency rooms. By reducing avoidable hospitalizations and overcrowding of emergency rooms, Medical Homes DC is intended to reduce overall health care costs. And, by increasing the availability of good primary health care, the initiative should improve the overall health of DC residents. Medical Homes DC works by providing capital grants for facility improvements, as well as technical assistance to participating health centers on a range of matters, including clinical practices, billing, documentation, management oversight and capacity building.~~

~~A public-private partnership, Medical Homes received a three-year grant from the federal Health Resources Services Administration. The Mayor and Council have also committed \$15 million in capital funding. Medical Homes DC launched a competitive process in 2005 to distribute \$1 million in construction-related grants for health care centers embarking on facility improvement projects. Projects that targeted medically underserved areas of the District were given priority. Nine facilities were selected to receive grants. Collectively, these projects have the~~

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~~potential to create capacity for 125,000 patient visits per year. Fund raising efforts are underway to support future projects.~~

- 1106.9 Hospitals are another important part of the health care delivery system. ~~There are~~ ~~n~~ Numerous hospitals provide services to in the Washington, DC District residents, including large full-service facilities such as the George Washington University Hospital, the Medstar Georgetown University Hospital, and the Medstar Washington Hospital Center, and more specialized facilities such as ~~Walter Reed Medical Center, which serves the military and family members, the National Rehabilitation Center, and~~ the Psychiatric Institute of Washington. The text box to the right includes a list of existing hospitals located within Washington, DC ~~the District of Columbia~~. 1106.9

**MOVED***START TEXT BOX*

Hospitals in the District of Columbia as of 2019 1106.20

1. BridgePoint Capitol Hill Hospital (Long-Term Acute Care) ~~Children's National Medical Center~~
2. BridgePoint National Harbor Hospital (Long-term Acute Care) ~~Georgetown University Hospital~~
3. Children's National Medical Center (Acute Care)
4. ~~Greater Southeast Medical Center~~ George Washington University Hospital (Acute Care)
5. ~~Hadley~~ Hospital for Sick Children Pediatric Center (Specialty Care)
6. Howard University Hospital (Acute Care)
7. Medstar Georgetown University Medical Center (Acute Care) ~~National Rehabilitation Hospital~~
8. Medstar Washington ~~Providence~~ Hospital Center (Acute Care)
9. Medstar National Rehabilitation ~~Washington Psychiatric~~ Hospital (Rehab Services)
10. ~~Sibley Memorial Hospital~~ Psychiatric Institute of Washington (Behavioral Health)
11. ~~Walter Reed Army Medical Center~~ Saint Elizabeth's Hospital (Behavioral Health)
12. Sibley Memorial Hospital (Acute Care) ~~Veterans Affairs Medical Center~~
13. United ~~Washington Hospital~~ Medical Center (Acute Care)
14. Veterans Affairs Medical Center ~~Hospital for Sick Children Pediatric Center~~

Source: ~~DC Office of Planning, 2006~~ District of Columbia Department of Health, 2019

*END TEXT BOX*

- 1106.10 The distribution of these facilities across Washington, DC ~~the city~~ is presently uneven, with most hospital beds on the west side of the city and only one planned full-service hospital east of the Anacostia River. 1106.10



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**NEW** In addition to hospitals, the District counts on a broad array of facilities that provide a wide range of healthcare and health services. Many of these facilities provide services that enable Washington, DC residents to age in their communities. As of 2017, the District has twelve Assisted Living Residences (ALRs), which provide long-term care in the form of housing, health and personalized assistance. Some Washington, DC residents who are not eligible to receive Medicaid benefits find it challenging to pay for ALR care. Many of the smaller, private-pay ALR providers closed their doors in recent years due to inability to meet regulatory requirements or attain financial support.

**NEW** Prior to the advent of ALRs in 2009, the District had approximately 20 homes licensed as Community Residence Facilities (CRFs), most located in Wards 7 and 8 and catering to low-income residents. However, there has been a steady decline in CRFs, as most of them converted to ALRs. In 2017, three CRFs remain in business, and while they provide supports in a safe, hygienic, and protective living arrangement, today's CRF residents generally require a lower level of care and services than those residing in ALRs. However, that too is changing, as CRF residents who also wish to age in place find that their support needs are becoming more intensive and costly.

*See also the Housing Element.*

**NEW** In addition to CRFs and ALRs, Washington, DC's four hospices and 18 nursing facilities continue to provide care and services to those who meet admission criteria. Two facilities provide hospice care where the patient resides, including their home or a long-term care facility. The District continues to support development of hospices and other long-term care facilities to serve those with need for these services.

**NEW** For a more detailed picture of health service facilities in the District, please see Table 11.3, "Health Service Facilities in the District."

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**NEW****Table 11.3. Health Services Facilities in the District**

Facility Type	Facility Subtype	Physical Characteristics	Number in the District?	Ownership (public / private)	District role	Eligibility	Services offered	Stay Type	Notes / Other Issue Areas
Long-term Care Facilities	Assisted Living Residences (ALRs)	Institutional, residential	12	Private ownership	District licenses and regulates	Over 60, privately insured, and private pay, and 3 subsidized by Medicaid	Option for long-term care that provides housing, health and personalized assistance in accordance with individually developed service plans.	Live-in; long-term stays	3 subsidized through Medicaid Home and Community-Based Waiver Program; 9 funded through private payments; many of the smaller, private-pay ALR providers closed in recent years because they could not meet regulatory requirements or acquire financial support to allow residents to age in place.
	Community Residences Facilities (CRFs)	Institutional, residential	3	Private ownership	District licenses and regulates	Over 60, privately insured, and private pay, and SSI (Supplemental Security Income)	Provides a sheltered living environment for individuals who desire or need such an environment because of their physical, mental, familial, social, or other circumstances,	Live-in; long-term stays	20 prior to 2009; most converted to ALRs; most; catered to low-income residents
	Community Residences for Individuals with Intellectual Disabilities	Residential	19	Private ownership	District licenses and regulates	Medicare , Medicaid and EPD Waiver	Provides a home-like environment for at least 4 but not more than 8 individuals with intellectual disabilities who require specialized living arrangements, programs support services and equipment for their care and habilitation	Live-in; long-term	
	Intermediate Care Facilities for Individuals with Intellectual Disabilities	Residential	66	Private ownership	District licenses, federally certifies and regulates	Medicare and Medicaid	provides active treatment in the least restrictive setting and includes all needed services for individuals with intellectual disabilities with related conditions whose mental or physical condition require services on a regular basis that are above the level of a residential or room and board setting and can only be provided in a facility which is equipped and staffed to provide the appropriate services.	Live-in; long-term	

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	<b>Hospices</b>	Institutional	4 ( 2-in-patient and 2 home hospice)	Private ownership	District federally certifies and regulates	Provide care and services to residents that meet admission criteria without discrimination or disease	Two facilities provide inpatient hospice care, where the patient resides, including their home or a long-term care facility.	Live-in only	Need more education of the hospice concept to include palliative care and pain management
	<b>Nursing Facilities</b>	Institutional	18	16 Private ownership and 2 District ownership	District licenses, federally certifies and regulates	Medicaid, Medicare, privately insured and private pay	Provides acute and chronic health care and personalized assistance in accordance with individually care plans	Live-in only	
<b>Hospitals</b>	N/A	Institutional	14	12 Private or 2 District ownership public ownership	District licenses, federally certifies and regulates	All	ER ( except for 6) + all other to include some specialties such as skilled care services intensive care units, psychiatric units	Short-term stays, outpatient	
<b>Ambulatory Surgical Centers</b>	N/A	Out-patient	6 (1 HMO)	Private	District licenses, federally certifies and regulates	All, except children	Provides surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission.	Short-term stays, outpatient	
<b>End Staged Renal Disease (Dialysis)</b>	N/A	Out-patient	21 ( 2 nursing homes , 1 hospital, 1 HMO, 1 home program)	Private	District federally certifies and regulates	All	Provides both hemodialysis and peritoneal dialysis for patient to repair renal functions.	Short-term stays, outpatient	
<b>Maternity Centers</b>	N/A	Out-patient	1	Private	District licenses and regulates	All, except children	Provides antepartum and postpartum to women eligible for labor and delivery through a developed plan of care.	Short-term stays, outpatient	
<b>Pharmacies</b>	N/A	Community and Institutional	161	Private and Public	District licenses and regulates	All Three pharmacies owned by DC Government: St Elizabeth's, 35 K Street and United Medical Center.	Dispensing medications for patients	Outpatient	147 Community Pharmacies 14 Institutional Pharmacies
<b>Private clinics</b>	N/A	Institutional		Private	District licenses and regulates	All	Full range of primary care	Varies	
<b>Medical Homes DC</b>	N/A	Varies by location		Private	District licenses and regulates; can provide grant and other funding; disburses Medicaid reimbursements	All uninsured and underinsured residents	Varies by location	Varies	

**(Source: DC Health, 2017)**

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- 1106.11 **The 2017 DC State Health Systems Plan aims to ensure t**~~The health care facility policies in the Comprehensive Plan seek to provide a more~~ equitable geographic distribution of community health care facilities throughout **Washington, DC** ~~the city~~. The primary means of achieving this goal is **the Certificate of Need (CON) program that reviews proposals for** the establishment **and/or expansion of health care facilities and services in the District. An upcoming Primary Care Needs Assessment will provide greater clarity concerning the relationship between facilities and services, and how these can better meet the needs of the District population** ~~of a comprehensive network of community-based health centers. While some centers already exist, they are often located in outmoded facilities that need to be renovated or replaced.~~

- NEW** **In addition, the District's Health Strategic Framework emphasizes the importance of applying evidence-based programs for special populations with chronic and complex conditions and promotes healthy aging. The District's Department of Disability Services (DDS) and the Department of Aging and Community Living are well-positioned to support implementation of these key goals through their plans and programing. DC Health also supports policies to better coordinate services for residents and that are resident- and patient-centered.**

- 1106.12 *Policy CSF-2.13.1: Primary and Emergency Care*  
Ensure that high quality, affordable primary health **care, preventative health, and urgent care** centers are available and accessible to all District residents. ~~Emergency M~~medical facilities should be geographically distributed so that all residents have safe, convenient access to such services. **Priority should be given to improving accessibility and quality of services at existing facilities/centers.** New or rehabilitated health care facilities, **where warranted**, should be developed in medically underserved and/or high-poverty neighborhoods, and in areas with high populations of senior citizens, **persons with disabilities** ~~the physically disabled, or persons experiencing the~~ homelessness, and others with unmet health care needs. 1106.12

- 1106.13 *Policy CSF-2.13.2: Public-Private Partnerships*  
Develop public-private partnerships to build and operate a strong, cohesive network of community health centers in areas with few providers or health programs. 1106.13

- NEW** **See Policy CSF-1.1.9: Co-Location**

- 1106.14 *Policy CSF-2.13.3: Coordination to Better Serve Special Needs Residents*  
Design and coordinate health and human services to ensure the maximum degree of independence for senior citizens, the disabled, and the physically and mentally handicapped. 1106.14

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- NEW** **Policy CSF-2.3.4: Connecting Infants and New Parents to Services**  
**Encourage creation and implementation of initiatives that can improve health care navigation for patients and families, as well as for transitions to adulthood.**
- 1106.15 **Policy CSF-2.4.5: Development and Coordination of Mental Health and Substance Abuse ~~Drug and Alcohol~~ Treatment Facilities**  
**Coordinate dDevelopment of** an adequate number of equitably distributed and conveniently located **mental health and substance abuse ~~drug and alcohol~~** treatment facilities to provide easily accessible, high quality services to those District residents in need of such services. **DC Healthy People 2020 identified mental health as the District's number one priority.** 1106.15
- ~~1106.16 **Policy CSF 2.1.5: Mental Health Facilities**  
**Provide easily accessible, and equitably distributed high quality mental health treatment facilities for District residents in need of such services.** 1106.16~~
- 1106.17 **Policy CSF-2.4.6: Health Care Planning**  
~~Improve the coordination of health care facility planning with planning for other community services and facilities, and with broader land use and transportation planning efforts in the city. Coordinate city population and demographic forecasts with health care providers to ensure that their plans are responsive to anticipated growth and socio-economic changes.~~ **Continue to use strategic plans to improve community health. These plans integrate demographic forecasts and health data to prepare for Washington, DC's socioeconomic changes and growth.** 1106.17
- 1106.18 **Policy CSF-2.4.7: Hospices and Long-Term Care Facilities**  
Support the development of hospices and other long-term care facilities for persons with advanced HIV/AIDS, cancer, and other disabling illnesses, **such as dementias, including alzheimers.** 1106.18
- NEW** **Policy CSF-2.3.8 Increasing Supply of Facilities That Support Assisted Living**  
**Promote expansion of the supply of facilities that provide assisted living services in Washington, DC. These include Assisted Living Residential facilities (ALRs) and Community Residential Facilities (CRFs), as well as adult daycare facilities.**
- NEW** **Policy CSF-2.3.9: Improving Access to Long-Term Supports and Services for Vulnerable Populations**  
**Continue to improve access to Long-Term Supports and Services (LTSS) for vulnerable populations, including people with disabilities and older adults and their families. Enhance the network of government and non-profit**

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organizations that provide LTSS to these individuals and seek to improve their experience.

**NEW**

**Policy CSF-2.3.10: Prioritize Investment in High Quality Health Care Services for Underserved Residents in Wards 7 and 8**

**Prioritize investment in high quality healthcare services for Washingtonians, specifically for residents living in Wards 7 and 8 by developing a new acute care community hospital and health services complex at the St. Elizabeths East campus in Ward 8. Support the medical education, research, and technology uses that the new hospital and health services complex aims to provide.**

~~1106.19 — Action CSF-2.1.A: Implement Medical Homes DC~~

~~Work with DCPCA and other partners to implement the recommendations of the Medical Homes DC initiative, including the modernization of primary care facilities and development of new facilities in under-served areas. 1106.19~~

1106.21 ~~Action CSF-2.1.BA: Review Zoning Issues~~

~~Continue to r~~Review and assess zoning regulations to identify barriers to, and create opportunities for, **increased access to** ~~the development of~~ primary care facilities and neighborhood clinics, including **through** the reuse of existing non-residential buildings in residential zones, after a public review and approval process that provides an opportunity to address neighborhood impacts. 1106.21

**NEW**

**Action CSF-2.3.B: Increase in Supply of Assisted Living Residential Facilities (ALRs) and of Community Residential Facilities (CRFs)**

**Explore a variety of approaches for increasing the number of CRFs as well as small and mid-size ALR facilities in underrepresented areas and areas of high need in the District. These approaches can include financial strategies and partnerships as well as regulatory reform. Work to increase community awareness of these needs.**

**NEW**

**Action CSF-2.3.C: Connecting District Residents to Resources**

**Continue to maintain a digital resource portal that disseminates resources on a cross-agency basis to better connect people with government and community-based health resources.**

**NEW**

**Action CSF-2.3.D: Improving Coordination and Service Delivery among District Agencies**

**Explore the potential to create and implement a cross-agency case management system that can enhance coordination among relevant agencies to improve service delivery to people with disabilities and other vulnerable populations.**

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**NEW****Action CSF-2.3.E: Health in All Policies (HiAP)**

**To the extent possible, relevant District agencies should evaluate the potential impact of their policies and actions on population health and align these with strategies identified in Sustainable DC 2.0 and in the 2017 – 2019 Action Plan of DC Healthy People 2020.**

**NEW****Action CSF-2.3.F: No Wrong Door / DC Support Link**

**Continue to develop a person- and family-centered, and linguistically- and culturally-responsive “No Wrong Door” system (also known as DC Support Link) across District agencies that can better support the needs of people with disabilities, older adults, and their families by providing them with links to government and community-based resources such as long-term services and supports, regardless of their point of entry into the District’s service system.**

**MOVED**

~~CSF 2.2 Child Care and Early Childhood Development Centers 1107  
The Office of Early Childhood Development (OECD) under the District Department of Human Services provides support for and collaborates with other public and private child and family advocacy organizations to provide services and care for District children up to five years of age. The office also provides access to before and after school services for eligible children up to age 13. It also manages a subsidized child care program for eligible children and families. Waiting lists for child care in the District reflect a growing demand for services that support parent employment and job productivity, and provide safe learning environments for children. Child care needs are also significant for parents who are employed in the District but live elsewhere. 1107.1~~

**MOVED**~~***Policy CSF 2.2.1: Adequate Child Care Facilities***~~

~~Allow new and expanded child care facilities in all residential, commercial, and mixed-use areas and in community facilities in an effort to provide adequate affordable childcare facilities throughout the District. Locations should be accessible to public transit. 1107.2~~

**MOVED**~~***Policy CSF 2.2.2: Child Care Incentives***~~

~~Provide incentives for new and rehabilitated residential and commercial developments to set aside on-site space for child care facilities. 1107.3~~

**MOVED**~~***Policy CSF 2.2.3: Child Development Centers***~~

~~Recognize the importance of early childhood education and related programs to the well-being of the District’s youth, and support the development of appropriate facilities for these programs. 1107.4~~

**MOVED**~~***Action CSF 2.2.A: Review And Address Zoning Issues***~~

~~Review and assess the zoning regulations to identify barriers to the development of child care centers in the District. The assessment should consider ways of~~



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~~reducing any barriers that are identified, provided that child safety and neighborhood quality of life issues can be adequately addressed.~~ 1107.5

1108 CSF-2.34 Senior / Older Adult Care 1108

1108.1 The population of older adults or ~~S~~seniors (persons 60 years of age and older) is expected to continue to grow at a steady rate ~~are expected and~~ to be the fastest growing segment of the District's population during the next 15 to 20 years. Although the District's ~~Office on Aging~~ Department of Aging and Community Living (DACL) and several affiliated non-profit organizations already provide a comprehensive system of health care, education, employment, and social services for Washington, DC's ~~the District's~~ elderly population, these entities may be hard pressed to keep up with demand as the number of older adults ~~seniors~~ in the city rises. The 2017 older adult population of 118,275 (17 percent of the total population) is forecasted to rise to 132,648 in 2025 and to 141,381 by 2030. As of 2017, Currently, about ~~45~~ 36 percent of the city's older adults ~~seniors~~ 65 years and older live alone. Some ~~43~~ 37.4 percent of older adult households have no personal vehicle and ~~42~~ 36.5 percent have some type of a ~~physical~~ disability. The largest percentages of older adults ~~seniors~~ are in Upper Northwest Rock Creek West and Far Northeast Rock Creek East. Many are homeowners, caring for their properties ~~with diminished on a fixed incomes and physical mobility~~. Others are primary caregivers for their grandchildren, facing the challenge of raising a family in their advancing years. 1108.1

NEW

*BEGIN TEXT BOX*

Washington, DC residents have expressed mixed preferences regarding use of the word "senior" compared with "older adults" to refer to persons 60 and over. Since many District programs and facilities have the word "senior" in their titles, both approaches are used interchangeably in this and other sections of the Comprehensive Plan.

*END TEXT BOX*

NEW

*BEGIN CALLOUT BOX*

Age-Friendly DC

Age-Friendly DC is part of the World Health Organization's Network of Age-Friendly Cities and AARP's Network of Age-Friendly Cities and Communities. The initiative aims to prepare the built environment, changing attitudes about growing older and lifelong health and security to better accommodate the growing numbers of older adults in Washington, DC and to promote healthy aging and purposeful living at every age. The Age-Friendly DC effort began in October 2012 and resulted in the 2012-2017 Age-Friendly DC Strategic Plan. In 2017, Washington, DC was recognized by the World Health Organization and AARP as a "Top City in Age-Friendly Policies." Building upon the success of its first five-year planning and

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implementation cycle, the Office of the Deputy Mayor for Health and Human Services released a new 2018-2023 Age-Friendly DC Strategic Plan in October 2018.

The 2018-2023 Age-Friendly DC Strategic Plan, which guides the work of the initiative, outlines a number of strategies for the District to pursue across fourteen domains:

- 1) Outdoor Spaces and Buildings
- 2) Transportation
- 3) Housing
- 4) Social Participation
- 5) Respect and Social Inclusion
- 6) Civic Participation and Employment
- 7) Communication and Information
- 8) Community Support and Health Services
- 9) Emergency Preparedness and Resilience
- 10) Elder Abuse, Neglect and Fraud
- 11) Financial Security
- 12) Lifelong Learning
- 13) Public Safety
- 14) Caregiving

END CALLOUT BOX

- 1108.2 The policies below focus on the importance of senior wellness centers (for residents age 60 and above); and other services; and care facilities for older adults. As of 2017, there were currently three six senior wellness centers located across the city; two in Southeast and one in Northeast. A variety of services, ~~and~~ programs, opportunities for socialization are delivered from these facilities, including nutrition, exercise, health care, creative arts, and education. Future reinvestment in senior facilities as well as new facilities will deploy a more decentralized approach and feature more partnerships with the Department of Parks and Recreation (DPR), faith-based groups, and community organizations with a focus on promoting intergenerational and other satellite activities for isolated residents, thereby ~~be necessary in the future to serving~~ the District's growing senior population and enhancing their quality of life. ~~to help seniors lead more vital and productive lives.~~ 1108.2

*See also the Transportation, Urban Design, Parks, Recreation and Open Space, and Housing Elements for additional policies on older adults / seniors.*

- 1108.3 *Policy CSF-2.34.1: Senior / Older Adult Care Facilities Programming ~~Establish-Develop~~ new programming and activities at existing community facilities, including faith-based institutions, health facilities, libraries, recreation centers, and parks. Explore partnerships with District youth to increase interaction and learning across generations. Attain community*

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**input on preferences and needs for fitness and wellness** ~~senior centers in areas that have large elderly populations, particularly neighborhoods in Upper Northwest and Far Northeast. These centers could be co-located in community health facilities or near other public facilities such as libraries or elementary schools to increase the interaction and learning between senior citizens, youth, and others.~~ 1108.3

**NEW** ***Policy CSF-2.4.2: All-Inclusive Care for Seniors / Older Adults***  
**Encourage the development of neighborhood-based, interdisciplinary, holistic models of care that promote community living and independence.**

**NEW** ***Policy CSF-2.4.3: Senior Wellness Centers***  
**Maintain and upgrade the District's six Senior Wellness Centers, helping ensure they continue to promote the health and wellness of residents 60 years of age and older across Washington, DC.**

**NEW** ***Policy CSF-2.4.4: Age-Friendly Built Environment Strategies***  
**Advance built environment strategies that support lifelong health and security for residents of all ages. Examples of such strategies include improvements to lighting, signage, and accessibility and safety of roads, sidewalks, and recreational paths for older adults.**

1109 CSF-3 Libraries and Information Services 1109

As one of world's leading centers of information and knowledge, Washington, DC ~~the District of Columbia must have~~ **has** a state-of-the-art public library system, ~~which—A revitalized library system must~~ combines high quality physical buildings with new technology, an expanded Internet presence, inviting public spaces for meetings and gatherings, and programs and collections that meet the needs of all ~~citizens~~ **residents, including immigrants and other newcomers to Washington, DC.** Our libraries ~~should~~ help children succeed in school, ~~help and~~ adults improve their reading skills, ~~while and~~ **supporting** career advancement and life enrichment goals. The District ~~should~~ **aspires** to nothing less than greatness as it creates a library system that demonstrates the city's commitment to meeting the educational, **cultural** and life-long learning needs of all of its residents. 1109.1

1109.2 **Washington, DC's** ~~The District's~~ public library system is planned and managed by the District of Columbia Public Library (DCPL), an independent agency. The Board of Library Trustees sets policy for DCPL. Its nine members are unpaid District residents appointed by the Mayor and confirmed by the Council for a maximum of two five-year terms. There are currently ~~26~~ **7** library facilities, including the central Martin Luther King, Jr. Memorial Library, ~~four community libraries, and 25+~~ **neighborhood libraries, and one kiosk.** 1109.2

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**MOVED**

Since 2006, there has been significant investment in library buildings, technology, books, and other materials, as well as expanded programming and hours of operation. Sixteen of the 26 buildings are entirely new or have been fully renovated; five more are in design or under construction; and DCPL intends to modernize the remaining facilities thereafter. The DC Public Library system now boasts four million visits a year. From 2008 to 2016, the number of materials borrowed annually increased by 250 percent, the number of public access computers increased by 150 percent, and the number of active library accounts increased by more than 60 percent. The Martin Luther King, Jr. Memorial Library was dedicated in 1972 and occupies over 400,000 square feet in a multi-story Downtown structure. It draws users from across the District and also serves as a neighborhood library for residents in its immediate vicinity. It houses the Washingtoniana Room—a repository for local history of the District and its residents. It also houses data from the decennial census dating back to 1800. 1110.2

1109.3 ~~The District's public library system faces many challenges. It lacks the facilities, technology, and collections necessary to deliver the services District residents need. The facility problems are the result of decades of deferred maintenance and the absence of funding for capital improvements.~~ 1109.3

1109.4 In late 2005, the Mayor's Task Force on the Future of the District of Columbia Public Library System produced a Blueprint for Change that recommended~~s~~ rebuilding the library system from the ground up. That report made two fundamental recommendations:

- 1) To revitalize DCPL's neighborhood libraries to meet 21st-century opportunities; and
- 2) To build a new Martin Luther King Jr. Memorial Library "that inspires and empowers."

Implementation of the first recommendation has been underway over the last decade, while the second is now in progress. The District is working to enhance the Library's role as a community learning hub, with neighborhood branches serving their diverse neighborhoods in different ways.

In 2017, DCPL released a Strategic Plan, "Know Your Neighborhood," that outlines priorities, goals, and initiatives through 2021. The Plan follows an intensive community outreach process that engaged with more than 2,000 residents. The Plan identifies four priority areas:

- 1) Reading: Support new readers and cultivate a love of learning;
- 2) Digital Citizenship: Prepare residents for life online;
- 3) Strong Communities: Ensure neighborhood libraries are vital centers of community learning and civic engagement; and
- 4) Local History and Culture: Foster understanding and appreciation of what makes DC unique.

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The DCPL Strategic Plan also includes a focus on stewardship to ensure that each library is responsive to community needs. DCPL is also seeking external funding and resources to deepen the Library’s impact and is seeking to increase awareness of libraries and the services they provide among constituents. Three key metrics have been established to measure future success. These include 75 percent of all District residents with active library accounts, five million library items borrowed annually, and five million visits to library locations and outreach events annually.

Reinvestment in the library system is transforming the role of the Library, making it a neighborhood focal point and gathering place rather than simply a repository for books. Washington, DC has embraced the principle of “Know Your Neighborhood,” aiming for each neighborhood library to be responsive to and reflective of the distinctive communities it serves and tailoring its services and programs to reflect local needs. The Library is envisioned as a haven for learning and civic expression; and a place that enables residents in each neighborhood to meet their information and learning needs. In addition, each branch library should provide a home for cultural events, classes and programs, and community activities. Libraries are also envisioned as keepers of the “story” of each District neighborhood, providing a window into local history and culture. ~~New service priorities are identified, along with a call for new physical facilities, collections, and programming. The Blueprint calls for a new central library to replace the outmoded Martin Luther King, Jr. Memorial Library and a complete overhaul of the branch libraries. The report recommends that the new central library should meet all service priorities and that the branches should be more specialized, with service priorities tailored to address the needs of local residents.~~ 1109.4

1110 CSF-3.1 Library Facilities 1110

1110.1 Map 11.1 shows the location of DCPL facilities as of 2017. As noted earlier, the current system includes the central library; and 25 branches; ~~and a kiosk~~. 1110.1

**BEGIN ~~PULLQUOTE~~ CALLOUT BOX**

~~Circulation trends in the District reflect the challenges faced by the library system. Recent rankings place the District 15th among 67 large U.S. cities in terms of library circulation and utilization per capita. However, the circulation of materials decreased by 11 percent District wide between 2001 and 2004.~~

As of 2018, DC Public Library is one of a few large urban library systems in the country that is open seven days per week in all locations. Nineteen of its 26 buildings are new or fully renovated with four in some stage of design or construction. The system boasts four million annual visits from individuals who use the library’s technology, meeting rooms, books and digital resources in record numbers. The Library looks to build on this progress in the years to come.



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*END CALLOUT BOX ~~PULLQUOTE~~*

- 1110.3 In 2017, the District began a \$208 million modernization of the Martin Luther King Jr. Memorial (Central) Library. This three-year project will preserve and restore Mies Van Der Rohe's notable glass and steel library building exterior but significantly alter much of the interior to accommodate new programs and functions that could not have been imagined when the building was designed in the late 1960s. The renovation will add creative spaces, a café, new space for special collections and exhibitions, a double-height reading room, and rooftop event space and terrace. As of 2019, four of the six remaining modernizations are in some stage of design or construction: Southeast, Southwest, Lamond-Riggs, and the Martin Luther King Jr. Memorial (Central) Library. Funding has not yet been allocated for the remaining two modernizations -- Chevy Chase and Shepherd Park libraries. The average age of the branch libraries is 46 years old and there have been no new libraries opened since 1988. Four branch libraries were closed in 2004 for rebuilding as the first phase of a 10-year rebuilding plan. 1110.3

NEW

*BEGIN CALLOUT*

Martin Luther King Jr. Memorial (Central) Library  
Washington, DC's modernized flagship library will include a spectacular new, vibrant and transparent entryway; sculptured, monumental stairs; large auditorium and conference center; creative spaces for fabrication, music production, and art creation; ground-level café with patio; double-height reading room; newly-designed special collections space for researchers and research enthusiasts; and a rooftop events space with terrace.

*END CALLOUT*

- 1110.4 ~~Circulation trends in the District reflect the challenges faced by the library system. Recent rankings place the District 15th among 67 large U.S. cities in terms of library circulation and utilization per capita. However, the circulation of materials decreased by 11 percent District-wide between 2001 and 2004. Most of the DCPL's existing libraries are candidates for replacement due to outdated designs, inability to accommodate modern technology, and general inefficient use of floor space.~~ 1110.4
- 1110.5 In addition to ongoing modernization work, DCPL continues to focus on improving access to library materials for all users, including students, educators, persons with disabilities, adult learners, and immigrants ~~Plans for the modernization or relocation of the central library are underway. One proposal under consideration would relocate the library to the site of the former Washington Convention Center. Regardless of where it is located, the new or modernized central library should support all the services that DCPL provides to District residents, including a literacy center, multi-purpose space, meeting and gathering rooms, and learning stations.~~ 1110.5

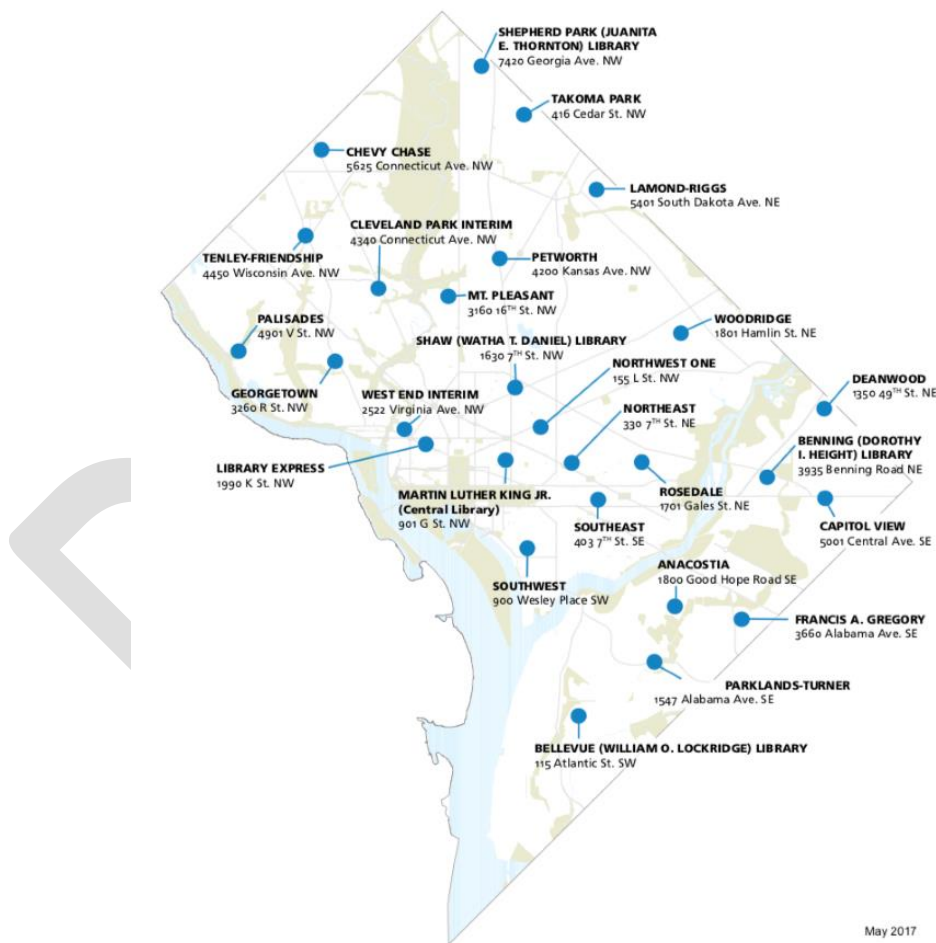
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- 1110.6 ~~Renovation or relocation of the branch libraries presents similar opportunities. A branch library is one of the few local government buildings that residents visit throughout their lifetimes. Each branch should reflect the needs of the residents who use it. Like schools and recreation centers, libraries should be a source of civic pride and a center of community life. The number of branch libraries in the District of Columbia relative to its population is comparable to similarly sized cities as shown in Table 11.1.~~ 1110.6

**NEW**

Map 11.1: DCPL Sites 1110.7

## Location Map



*(Source: District of Columbia Public Libraries, 2017)*

BEGIN TABLE INSERT

- 1110.8 ~~Table 11.1: Branch Libraries: Number per 1000 Population, Selected Cities~~ 1110.8  
END TABLE INSERT



## Draft Amendments

- PHOTO *REPLACE PHOTO IN MARGIN OF PAGE 11-13 OF CHEVY CHASE LIBRARY WITH PHOTO AND CAPTION BELOW, OF RECENTLY-RENOVATED LIBRARY.*
- CAPTION ~~The District's public library system faces many challenges. It lacks the facilities, technology, and collections necessary to deliver the services District residents need~~  
**Washington, DC's libraries have a legacy as a vital community institution serving all residents. New facilities, programs, and services have been introduced to better serve each neighborhood.**  
**Photo Credit: Eric Taylor**
- 1110.9 *Policy CSF-3.1.1: State-of-the-Art Public Library System*  
Ensure that the District has a state-of-the-art Central Library and branch libraries that meet the information and life-long learning needs of District residents. 1110.9
- NEW** ***Policy CSF-3.1.2: Libraries as Civic Infrastructure***  
**Recognize libraries as valuable public infrastructure that supports residents of all ages through intellectual development, workforce development, and cultural activation, programming, and exchange.**
- See also the Arts and Culture Element for related policies.***
- NEW** ***Policy CSF-3.1.3: Providing Flexible Spaces in Libraries***  
**Encourage library facilities to incorporate multidisciplinary arts, heritage and cultural programming by providing flexible spaces for meetings, displays and presentations; and, when feasible, dedicated spaces for learning and producing cultural work.**
- See also the Arts and Culture Element for related policies.***
- NEW** ***Policy CSF-3.1.4: Tailoring Libraries to the Neighborhoods They Serve***  
**Encourage library functions, services, and spaces to be tailored in accordance with each neighborhood's needs.**
- NEW** ***Policy CSF-3.1.5: Promote Libraries as Keepers of Local Heritage and Culture***  
**Support libraries as community and cultural anchors that can preserve local history.**
- NEW** ***Policy CSF-3.1.6: Supporting Immigrants***  
**Continue to support immigrants to Washington, DC, including by providing welcoming spaces as well as materials, resources, and programs in multiple languages as part of DCPL offerings.**

## Draft Amendments

- 1110.10 *Action CSF-3.1.A: Martin Luther King Jr. Memorial Library Modernization*  
~~*Central Library*~~  
**Complete the modernization of the Martin Luther King Jr. Memorial (Central) Library, which serves as a vital center of Washington, DC's education and civic life. The modernization will accommodate state-of-the-art library services and technology and enhance public space both within and outside the building. The Central Library should continue to** ~~Relocate or upgrade the central library with a modernized or new central library that includes state-of-the-art library services and public space both within and outside the building. The central library should~~ be an architectural civic landmark — a destination and gathering place for residents from across the city. ~~It should provide performance space, display areas for art and exhibitions, and multi-purpose space for meetings and programs. Regardless of its location, the central library should continue to be named in honor of Dr. Martin Luther King, Jr.~~  
 1110.10
- 1110.11 *Action CSF-3.1.B: Branch Libraries*  
 Completely ~~ly~~ **the remaining modernization of Washington, DC's** ~~overhaul, upgrade, or re-build each~~ branch libraries. **Each neighborhood library should** ~~to~~ provide a safe and inviting space ~~that provides~~ **with** services and programs ~~that~~ **tailored to meet** ~~address~~ the needs of local residents. Each branch library should be designed to **be flexible, providing a variety of offerings, and have** ~~provide a minimum of 20,000 square feet of floor space with~~ a clearly visible entrance and an open, inviting and attractive facade. 1110.11
- 1110.12 *Action CSF-3.1.C: Library Funding*  
**Continue to e**Explore new dedicated funding sources for the operation and maintenance of each library. This includes annual funding for **collections development and programming** ~~books and other library materials~~, programs and services, including literacy, cultural, and computer training programs, as well as building repair and maintenance. 1110.12
- NEW** *Action CSF-3.1.D: Libraries and Local History*  
**Implement initiatives such as oral histories, historic archives and collections, and "Know Your Neighborhood" programs through the library system. Such initiatives should foster a deeper understanding of local history and culture, enabling residents to explore and understand their community and city.**  
**See also the Arts and Culture Element for related policies.**
- 1110.13 *Action CSF-3.1.D: ~~DE~~ Archival Materials ~~Storage~~*  
**Provide appropriate access to archival and historical materials of Washington, DC. Include space for storage of archival and historical records for the District of Columbia in the programming and planning of future library facilities.** 1110.13

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**NEW****Action CSF-3.1.F: Facilities Master Plan**

**Develop a Facilities Master Plan to inform future decisions on the libraries' physical campuses, and to ensure that libraries are planned and designed to maximize their value to the community.**

1111.1

CSF-3.2 Library Location 1111

**The recent modernization of branch libraries creates an exciting opportunity for many Washington, DC neighborhoods. High-quality public libraries can help anchor neighborhood and corridor reinvestment efforts. Libraries can also support many of the other goals articulated in the Comprehensive Plan, including the creation of space for the arts, bringing communities together across generations, job training and literacy programs, and the promotion of high-quality civic design. While recent public investment in libraries has been substantial, additional investment may be leveraged through public-private partnerships which connect library improvements to new housing and mixed-use projects.** ~~The opportunity to modernize or relocate more than two dozen branch libraries creates an exciting opportunity for many District neighborhoods. High-quality public libraries can help anchor neighborhood and corridor reinvestment efforts. Libraries can also support many of the other goals articulated in the Comprehensive Plan, including the creation of space for the arts, job training and literacy programs, and the promotion of high-quality civic design.~~

1111.1

1111.2

**Policy CSF-3.2.1: Location of Branch Libraries**

Locate branch libraries in a systematic way to maximize access for the greatest number of **Washington, DC** ~~District~~ residents, including future residents who will reside in planned new neighborhoods. This approach may result in the development of new libraries in growing population centers within the city ~~and the replacement of the substandard "kiosk" type libraries with larger, more appropriately designed facilities.~~ **Coordinate the location of future branch libraries with citywide cross-systems civic facilities planning.** 1111.2

1111.3

**Policy CSF-3.2.2: Public-Private Partnerships for Libraries**

Explore public-private partnerships to fund the construction of new libraries, including the development of new and remodeled libraries within mixed use projects on existing library sites. In such cases, any redevelopment should conform to the other provisions of this Comprehensive Plan, including the protection of useable neighborhood open space. 1111.3

*See also Policy CSF-1.1.89 on public facilities co-location and the Urban Design Element for policies on the design of public facilities.*

**NEW****Policy CSF-3.2.3: Libraries and Neighborhood Identity**

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Ensure that neighborhood libraries are vital centers of community learning and interaction. Library meeting space, conference space, and study space should support the role of the library as a neighborhood anchor. The services and programs offered at each library should enhance community identity and civic pride and create a safe place for all residents and families.

See also the Arts and Culture Element for related policies.

**NEW**

*Policy CSF-3.2.4: Libraries as Neighborhood Anchors*

Encourage library modernization and new construction to support corridor reinvestment efforts; to create spaces for arts and culture; to bring together multi-generational communities; to provide job training and literacy programs; to promote high-quality civic design; and to create partnerships that connect library improvements to new housing and mixed-use projects.

See also the Arts and Culture Element for related policies.

**NEW**

*Policy CSF-3.2.5: Libraries and Mixed Uses*

When feasible, locate and integrate District-owned library facilities in mixed-use facilities, such as those containing in-line retail, housing, or office uses. This can help induce programmatic links that enhance the public impact of libraries.

**NEW**

*Policy CSF-3.2.6: Cultural Spaces in Libraries*

Encourage provision of spaces for cultural expression, performance and production in libraries, especially as part of modernization or new construction. These spaces can be configured to support activities such as maker spaces, art exhibits, and cultural events and performances

**NEW**

*Action CSF-3.2.A: Optimizing Library Services on an Ongoing Basis*

Periodically evaluate library use and services through DCPL Needs Assessments and make appropriate service adjustments to ensure DCPL is optimally positioned to meet the needs of the community on an ongoing basis. Data on library use, services, program attendance and material checkouts should be used to inform decisions about programming, facilities, and technology.

See also the Arts and Culture Element for related policies.

1112

CSF-4 Public Safety ~~and Emergency Preparedness~~ 1112

1112.1

Public safety affects ~~the lives of District~~ Washington, DC residents' lives and activities across multiple dimensions that collectively have a significant effect on quality of life ~~on several levels~~. Over the past decade, the District

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experienced significant reductions in crime, particularly violent crime. Between 2009 and 2016, violent crime decreased more than 20 percent while the District's population grew by more than 10 percent. Despite these public safety improvements, there are neighborhoods across the District that regularly still experience ~~First, despite marked improvements since the 1990s, violent crime remains a fact of life in the District of Columbia. The homicide rate is half what it was 12 years ago, but it is still too high. Violent crime, remains a problem in many neighborhoods and~~ substantially reducing the quality of life for law-abiding residents and businesses. 1112.1

1112.2 Second, fire and emergency medical services are essential to protect life and property, to respond to natural and man-made hazards, and to provide pre-hospital medical care and transport for its residents and visitors with medical emergencies ~~fires, and to assist residents requiring paramedic help or ambulance transportation.~~ The city's ability to respond quickly may be ~~compromised~~ affected as its population grows and its streets become more congested. Competing demands for water and deteriorating infrastructure may also affect firefighting capacity. 1112.2

1112.3 Third, public safety personnel keep the city functioning during major public events, ranging from inaugurations to demonstrations to street fairs. The operations of District and Capitol Police, transit police, and others are essential to maintaining public safety ~~law and order~~ (see text box to the left for an overview of major law enforcement providers in the city). 1112.3

**NEW** Fourth, public safety facilities are aging, with many in need of replacement. A 2014 assessment of police and fire facilities found that 30 percent had inadequate space and that approximately 40 percent are more than 75 years old. The number of facilities rated as being in "good" condition decreased by 13 percent between 2009 and 2014. Even buildings in relatively good condition may now lack the infrastructure needed to support modern and emerging technology and telecommunications functions. Public facilities represent one symbolic face of Washington, DC to the public—they must not only be highly functional, but promote positive neighborhood identity and elicit confidence in government.

*START CALLOUT BOX*

1112.4 Policing the National Capital 1112.4  
As the nation's capital, there are numerous police and security forces besides the MPD with responsibilities for security and law enforcement. Some of the most prominent are:

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- The United States Park Police is a unit of the Department of the Interior, National Park Service. They provide law enforcement services to designated areas within the National Park Service around the country including National Parks Service areas within and around Washington, DC.
- The US Capitol Police protect the Congress and enforce traffic regulations throughout the large complex of congressional buildings, parks, and roadways around the US Capitol.
- The United States Secret Service is a unit of the Department of Homeland Security. The Secret Service has primary jurisdiction over the protection of the President, Vice President, their immediate families, other high-ranking government officials, and visiting foreign heads of state and government.
- The Metro Transit Police Department provides a variety of law enforcement and public safety services on the Metrorail and Metrobus systems in the Washington Metropolitan Area.

*END CALLOUT BOX*

1113 CSF-4.1 Police Facilities and Services 1113

1113.1 The Metropolitan Police Department (MPD) is the primary law enforcement agency for Washington, DC ~~the District~~. The city is divided into seven Police Districts and ~~46~~ **56** Police Service Areas (PSAs), providing the basic building blocks for community policing. Map 11.2 shows the Police Districts, the PSAs and the location of police stations as of 2017. In addition to Police Headquarters in the Henry J. Daly Building ~~Currently~~, there are seven ~~P~~police stations, three substations, and a variety of additional facilities including the Metropolitan Police Academy, impoundment lot, and evidence control warehouse ~~three Regional Operations Command centers, and three liaison units in the District~~. 1113.1

NEW In addition to MPD, the Protective Services Division (PSD) of the Department of General Services (DGS) is a police force responsible for law enforcement activities and physical security of all properties owned or leased by the District, or otherwise under its control. PSD's mission is executed through direct staffing at critical locations, response and monitoring of contract security guards, and electronic security systems.

MOVED ~~Correctional facilities are also an essential part of law enforcement activities. The District of Columbia Jail, which is the District's primary facility for misdemeanor and pretrial detainees, is located at Reservation 13 east of Capitol Hill. The jail opened in 1976 and is a maximum security facility for males and females. It is managed and operated by the DC Department of Corrections.~~ 1113.2



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- 1113.3 Change or growth within Washington, DC's ~~the District's~~ neighborhoods including the development of new housing areas ~~will~~ requires periodic assessments of MPD facilities and personnel needs. In 2015, DGS released a needs assessment including space estimates for replacing many of MPD's administrative and training facilities, as well as new correctional facilities and Fire/EMS facilities. The District will determine an approach to renovating the Daly Building including opportunities for a public-private partnership that enables efficiencies and cost savings. ~~Modernization is needed at all the stations and is being phased to address the most urgent facility needs first. In addition, construction of a new special operations facility and evidence warehouse is needed.~~ 1113.3

NEW

*START CALLOUT BOX*

A Safer Stronger DC

Launched in 2015, "A Safer Stronger DC" is an innovative initiative that integrates outreach with community building, support and stabilization, as well as public health and economic opportunity, to foster a holistic community-based model for violence prevention and public safety for neighborhoods that have been hardest hit by crime. This initiative provides intensive focus on families and individuals likely to become victims or perpetrators of crime while also providing improved re-entry services and job training to citizens returning from incarceration. Through investments in education, employment, home and business security, emergency response, public safety, and criminal justice system diversion programs, the District has focused on addressing the causes of violence and laid the foundation for District residents to live in communities where they feel safe and supported. The initiative has also strengthened connections between communities and the agencies, investments, and programs that serve them. Together, these measures help make Washington, DC safer and stronger.

*END CALLOUT BOX*

- 1113.4 *Policy CSF-4.1.1: Updated Police Facilities*  
Provide updated and modern police facilities to meet the public safety needs of current and future Washington, DC ~~District~~ residents, businesses, workers, and visitors. 1113.4



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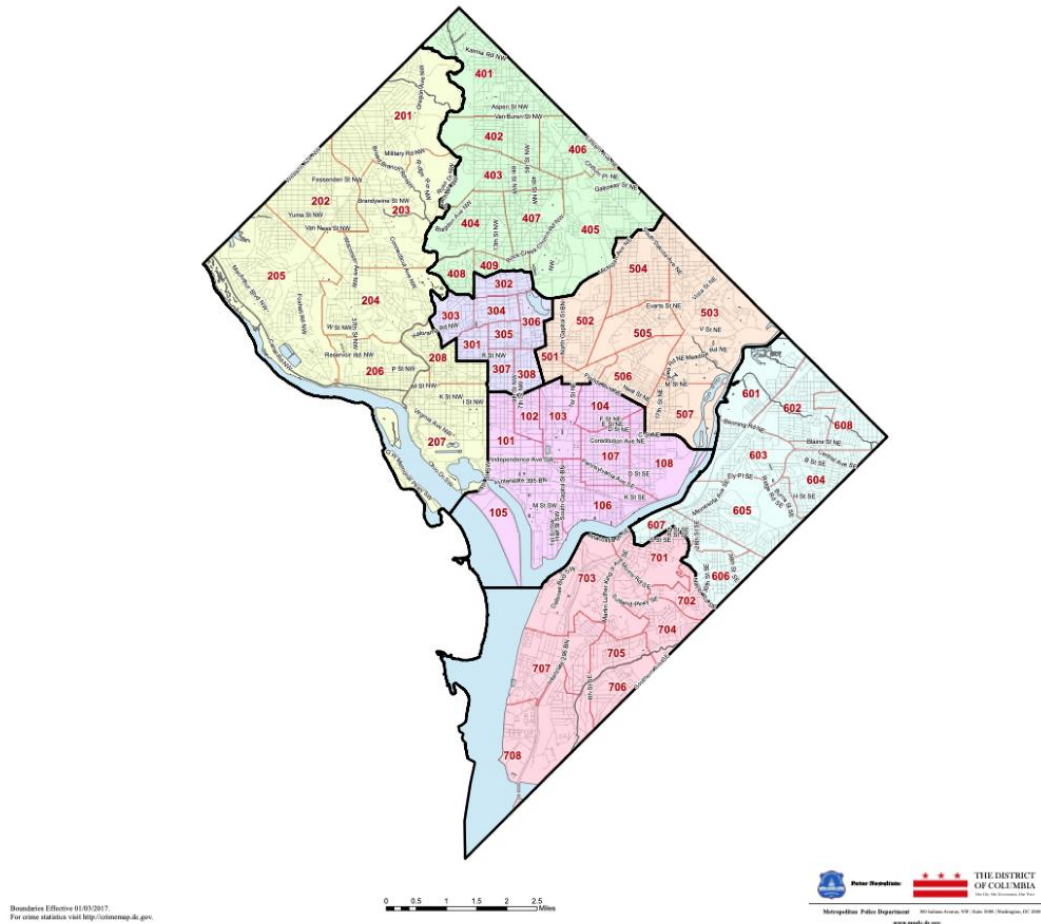
**NEW**

Map 11.2 Police Stations, Police Districts, and Police Service Areas, **as of 2017**  
1113.5



**METROPOLITAN POLICE DEPARTMENT**

CITYWIDE POLICE DISTRICTS AND SERVICE AREAS



**(Source: District of Columbia Metropolitan Police Department, 2017)**

**NEW**

**Policy CSF-4.1.2: Coordination of Public Facility Planning and Management with the District's Protective Services Division (PSD)**

**Ensure coordination of physical security risk assessments with PSD at the onset of and throughout the process of modernization, use changes, or new development of lands and buildings controlled by the District.**

**NEW**

**Policy CSF-4.1.3: Cross-Sector Partnerships to Support "A Safer Stronger DC"**

**Continue to build partnerships and advance community outreach and support, community stabilization, community building, economic opportunity and public health objectives to reduce violence in those neighborhoods most affected by it.**

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**NEW****Policy CSF-4.1.4: Public-Private Partnerships for Police Facilities**

**Explore public-private partnerships to fund the construction of new police facilities, including the development of new and remodeled police station within mixed use projects on existing police station sites. In such cases, any redevelopment should conform to the other provisions of this Comprehensive Plan, including the protection of usable neighborhood open space.**

**See also Policy CSF-1.1.9 Co-Location.**

1114 CSF-4.2 Fire and Emergency Services 1114

1114.1 **Washington, DC's** ~~The District's~~ Fire and Emergency Medical Services Department (FEMS) provides fire protection and **pre-hospital medical care and transportation** ~~attention~~ to residents, workers, and visitors ~~in the District of Columbia, including those in federal facilities located in the District. It also provides fire protection services to federal facilities in the District.~~ FEMS conducts fire inspections in apartment buildings, businesses, hotels, schools, hospitals, nursing homes, correctional facilities, and residential care facilities to identify and correct potential fire hazards. It is also the primary District agency dealing with hazardous materials (HAZMAT) related incidents. 1114.1

1114.2 The 33 fire stations in **Washington, DC** ~~the District~~ include 33 engine companies, 16 **truck** (ladder) companies, three heavy ~~duty~~ rescue squads, one HAZMAT **squad, unit and one marine firefighting/rescue company, and seven Battalion Fire Chiefs fire boat company.** Emergency medical units include ~~137~~ advanced life support ambulances and ~~221~~ basic life support ambulances, **seven EMS supervisor units, and one Battalion EMS Chief** ~~and two rapid response units. The Fire and Emergency Medical Services Department has set a minimum standard response time of four minutes for 90 percent of its fire related calls, and eight minutes for 90 percent its critical medical calls. Response time is influenced by the number and location of fire stations, the availability of fire personnel and equipment, and traffic conditions. In 2004, FEMS responded to critical medical calls in eight minutes or less 73 percent of the time and to fire related calls in four minutes or less 91 percent of the time.~~ Map 11.3 shows the location of fire stations in the city. 1114.2

**NEW**

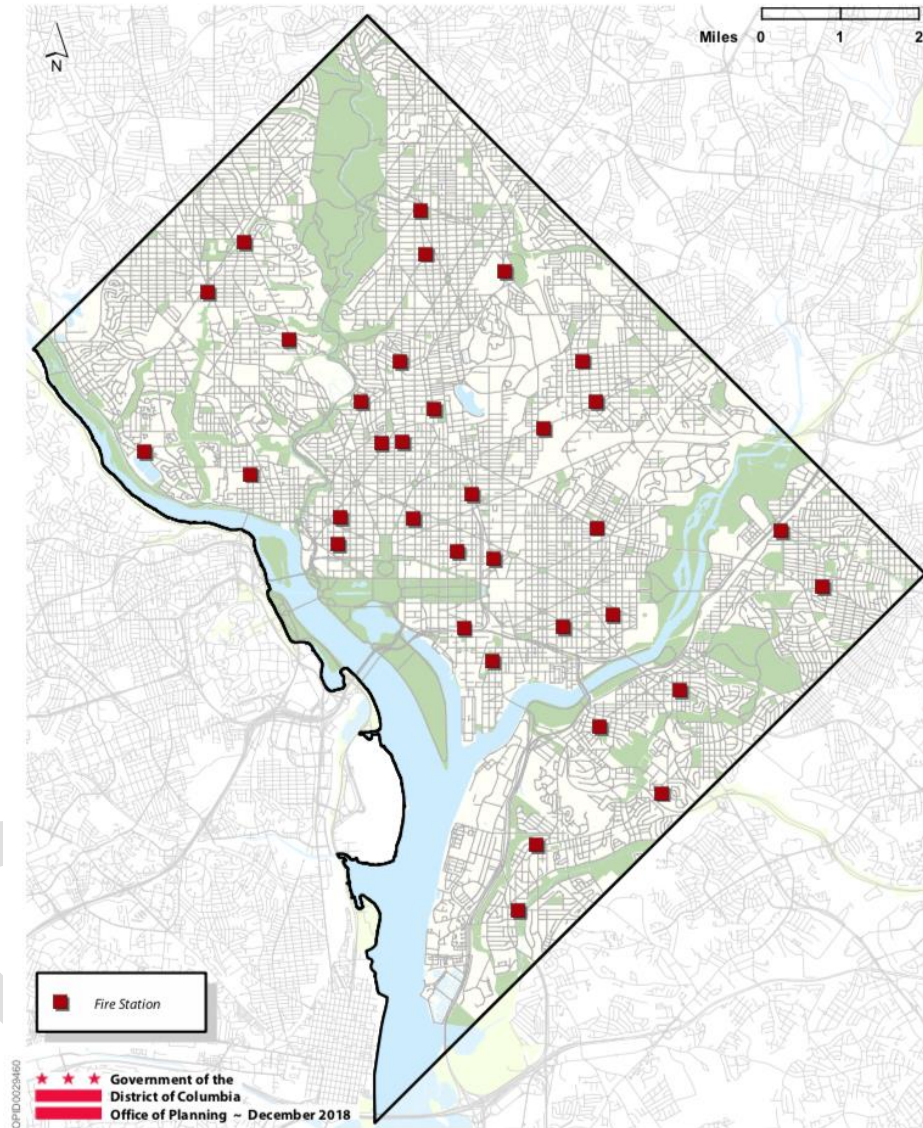
**Emergency medical service units are supplemented by means of a service contract with American Medical Response (AMR), which provides up to 25 additional basic life support ambulances during peak call load periods. In FY 2016, FEMS began using National Fire Protection Association (NFPA) Standard 1710 (with modifications) response time goals for both fire and emergency medical services (EMS) calls. The NFPA response time goal for a "first responding fire engine" to structure fire calls is 5 minutes 20 seconds or less. During FY 2016, the Department achieved this goal for 96 percent of calls. The NFPA response time goal for a "first responding EMT" to higher**

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**priority EMS calls is 5 minutes or less. During FY 2016, the Department achieved this goal for 62 percent of calls.**

**MOVED**

Map 11.3: Fire Station Locations 1114.6



**(Source: DC Office of Planning, 2018)**

1114.3

**The Department has made significant progress in recent years in modernizing its fire stations and will continue this work. With the exception of a few critical major capital improvements, according to FEMS the current number and distribution of facilities is generally adequate for maintaining the minimum standard response times. These projects include a new fleet maintenance facility, fireboat facility, and improvements to its Training**

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Academy. Longer-term facility needs will need to be analyzed during the development of a FEMS facilities master plan ~~for new development expected over the next six years. Longer-term facility needs will need to be analyzed during the development of the Public Facilities Master Plan (see Action CSF-1.1.A). The Department has identified several needed capital improvement projects to replace, upgrade, and renovate aging fire fighting stations and other facilities such as its training center. The Department also needs to renovate its fleet maintenance yard and find additional space for its headquarters.~~ 1114.3

**NEW**

With the highest per capita EMS call volume in the nation, Washington, DC's emergency response system is overtaxed with non-emergency and low priority medical calls. To address this issue, in 2016 the District created the Integrated Healthcare Collaborative (IHC, also known as Integrated Health Care Task Force). The IHC included government and non-governmental organizations representing medical, human services, finance, and public safety sectors. Topics addressed included nurse triage, alternative transport, connection to care, policy, communications, and marketing. Recommendations were published in the "Integrated Healthcare Collaborative Final Report" in 2017, and their implementation began in 2018.

**NEW**

Going forward, FEMS resources and physical plants will need to keep pace with the city's population growth and corresponding infrastructure needs, which will be addressed through efforts such as a facilities master plan.

1114.8

*Policy CSF-4.2.1: Adequate Fire Stations*

**Continue to p**Provide an adequate number of properly equipped fire stations to ensure the health and safety of Washington, DC residents ~~of the District of Columbia.~~ **FEMS evaluates the level of** ~~The~~adequacy of existing facilities ~~should be evaluated~~ based in part on the ability to maintain a response time of four minutes at least 90 percent of the time for emergency fire calls and eight minutes at least 90 percent of the time for emergency medical calls. Where response times exceed acceptable limits, equipment and facilities should be relocated or provided to close these gaps. 1114.8

**NEW**

*Policy CSF-4.2.2: Public-Private Partnerships for Fire and Emergency Medical Services and Facilities*

**Explore public-private partnerships to fund the construction of new fire and emergency medical services and facilities, including the development of new and remodeled facility within mixed use projects on existing sites. In such cases, any redevelopment should conform to the other provisions of this Comprehensive Plan, including the protection of useable neighborhood open space.**

**See also Policy CSF-1.1.9 Co-Location.**



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- 1114.9 *Policy CSF-4.2.23: Fleet Maintenance and Administrative Office Space*  
Accommodate the administrative, maintenance, and transportation needs of the city's fire and emergency medical services, including space for training and fleet maintenance and storage. 1114.9
- 1114.10 *Policy CSF-4.2.34: Responsiveness to Demographic Change and Facilities Planning*  
Ensure that fire and emergency medical services and facility assessments are responsive to the changing social and economic composition of the population, including workers and visitors as well as residents. **This includes supporting development of a Public Facilities Master Plan.** 1114.10
- NEW** ***Policy CSF-4.2.5: Preservation of FEMS Resources for High-Priority Emergencies***  
**Support development and implementation of strategies to preserve resources for high-priority emergencies, and to reduce non-emergency and low priority medical calls. Such strategies should include those that can raise awareness and education regarding fire prevention and emergency assistance techniques. Early intervention by bystanders can complement FEMS efforts, save lives, and better triage resources.**
- Action CSF-4.2.A: Level of Service Monitoring*  
**Continue to p**Prepare ~~an~~ annual evaluations of the response times for fire and emergency medical calls in order to evaluate the need for additional facilities, equipment, and personnel and identify specific geographic areas where services require improvement. This should include a review of the distribution of fire hydrants and water flow capabilities. 1114.11
- NEW** ***Action CSF-4.2.B: Fire Prevention and Emergency Intervention Education***  
**Continue to educate and empower residents on fire safety and prevention measures, and on emergency response techniques, such as bystander CPR and use of Automated External Defibrillators (AEDs).**
- 1114.12 ~~*Action CSF-4.2.B: Implement the District Response Plan*~~  
~~Continue to implement the policies and recommendations of the District Response Plan (DRP). Periodically update the plan in response to changing circumstances and resources.~~  
1114.12
- 1114.13 ~~*Action CSF-4.2.C: Regional Emergency Coordination Plan*~~  
~~Work with the Metropolitan Washington Council of Governments and its member jurisdictions to help implement the Regional Emergency Coordination Plan.~~  
1114.13

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- NEW** *Action CSF-4.2.C: New Apparatus Maintenance and Fireboat Facilities*  
Finalize plans to build a new apparatus maintenance facility, which will be used for maintenance and repair of FEMS vehicles, and a new fireboat facility to replace the existing one, providing a new dock for FEMS' four fireboats.
- NEW** *Action CSF-4.2.D: Third-Party Providers*  
Continue to contract with third-party providers to supplement the Agency's provision of pre-hospital medical care and transport of Basic Life Support patients in order to preserve FEMS resources for higher priority emergencies.
- NEW** *Action CSF-4.2.E: Implement Strategies from the 2017 Integrated Healthcare Collaborative (IHC) 2017 Final Report*  
Continue to implement strategies from the 2017 IHC Final Report, including those relating to Street Calls, Nurse Triage, Public Education, and Third-Party Providers of pre-hospital medical care and transport. These strategies can improve the population's health and safety by connecting low acuity callers to a more appropriate comprehensive source of care, and by reducing or eliminating the use of 9-1-1 resources for non-emergent medical issues, enabling greater and more appropriate use of 9-1-1 resources for rapid response, treatment, and transport for high acuity, life-threatening medical calls.
- NEW** *CSF-5 Corrections*
- MOVED** Corrections is a critical component of public safety in Washington, DC. Just as police are essential to ensuring that those individuals who appear to be engaging in unlawful activities are deterred, the Department of Corrections (DOC) must ensure that individuals who are deemed by the legal system to pose a significant danger to themselves or others in the community are humanely, lawfully, safely, and securely detained. During detainment, these individuals need to be offered meaningful opportunities to engage in activities that will support successful community reintegration. The DOC is entrusted with the care and custody of these individuals, touching the lives of over 10,000 arrestees per year. DOC operates the Central Cell Block, the Central Detention Facility (CDF) and the Correctional Treatment Facility (CTF) and administers contractual bed space at two community Halfway Houses. These facilities, located in the District, require a well-trained staff, appropriate staffing levels, and comprehensive assessment of inmates to ensure that individuals can be connected to programs and services to help guide their paths forward. ~~Correctional facilities are also an essential part of law enforcement activities. The District of Columbia Jail, which is the District's primary facility for misdemeanor and pretrial detainees, is located at Reservation 13 east of Capitol Hill. The jail opened in 1976 and is a maximum-security~~

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~~facility for males and females. It is managed and operated by the DC Department of Corrections.~~ 1113.2

**NEW** Since the 2006 adoption of the Comprehensive Plan, the DOC has evolved from a system that was frequently overcrowded, operating over legislated capacity, to one that now operates within its operating capacity. During the intervening years, the DOC has developed a more holistic understanding of how Washington, DC's incarceration and behavioral systems are interconnected, and has enhanced relationships with respective providers. The DOC is also improving employment readiness and mental health services programs, leveraging planning, analytics, and evidence-based methodologies, and has expanded partnerships with community-based organizations, numbering over 103 groups as of 2017, providing a wide array of services to inmates. It offers pathbreaking programs such as facilitating voting, as well.

**NEW** CSF-5.1 Corrections Facilities

**NEW** Secure detention facilities, like jails, require significant resources to operate. In many cases these facilities are not the best way to address the needs of all individuals who require correctional intervention. Less restrictive yet equally effective alternatives to detention exist.

**NEW** As stated previously, in 2015 DGS released a needs assessment including space estimates for replacing many public safety facilities, including correctional facilities. The District will explore approaches for renovating and building new correctional facilities, including opportunities for public-private partnerships that can enable efficiencies and cost savings. Such arrangements provide upfront funding that is then paid back by the District over time, with no incentive for a private partner to underdeliver services or incarcerate more persons.

**NEW** *BEGIN TEXT BOX*

The Department of Corrections (DOC) operates the Central Cell Block at 300 Indiana Avenue NW, where over 10,000 arrestees per year who are charged with non-citationable offenses are detained prior to arraignment. Most are released to the community after arraignment. It also operates the 41-year-old Central Detention Facility (CDF) and the 25-year-old Correctional Treatment Facility (CTF) located on the DC General Campus, and, administers contractual bed space at two community Halfway Houses. About 7,600 individuals are processed yearly in over 11,000 bookings. The DOC provides on-site inpatient care facilities to help those with substance abuse and other health issues. In addition, the District's Department of Youth Rehabilitation Services (DYRS) provides supervision of those under the age of 18 charged with criminal offenses at the New Beginnings Youth Development Center, located in Laurel, Maryland. This facility opened in



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2009, the same year DYRS closed the Oak Hill Youth Center. New Beginnings is a 60-bed facility that provides 24-hour supervision and comprehensive social services grounded in the principles of Positive Youth Justice, including physical and mental health care, behavioral modification programs, vocational and life-skills training, educational services and structured recreational activities.

END TEXT BOX

NEW *Policy CSF-5.1.1: Ensuring Safety, Security, and Humane Operation*  
Provide adequate correctional capacity and resources to ensure safe, secure, orderly and humane operation of correctional facilities. The appropriate design, construction, maintenance, operation resources, and staffing of these facilities is necessary to public safety objectives.

NEW *Policy CSF-5.1.2: Non-Detention Alternatives to Jail*  
Promote the assessment of all individuals to identify the appropriate intervention, and to expand the non-detention alternatives to jail. These alternatives may include supervised house arrest, day-reporting program-intensive centers, and pre-release centers.

NEW *Policy CSF-5.1.3: Information Systems*  
Ensure appropriate technology information systems are in place to ensure effective operations, and that related protocols, such as those for medical and legal privacy, are followed.

NEW *Policy CSF-5.1.4: Public-Private Partnerships for Correctional Facilities*  
Explore public-private partnerships to fund modernization of correctional facilities and services, including the development of new and remodeled facilities.

NEW *Action CSF-5.1.A: Planning and Design of Correctional Facilities*  
Engage the community in the planning and design of correctional facilities and ensure appropriate inter-agency coordination for alignment across public safety, public health, behavioral health, family/social service, and economic development objectives.

NEW *Action CSF-5.1.B: Maintenance and Upgrades to Information Systems*  
Assess needs and plan for the maintenance and systematic modernization of information systems that support correctional functions in the District, including public safety and health and human services.

NEW *Action CSF-5.1.C: Periodic Assessment of Effectiveness*  
Periodically assess the corrections process for effectiveness against desired outcomes and its needs and realign resources to support its public safety objectives accordingly.

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**NEW** **CSF-5.2 Citizen Reentry**

**NEW** **Washington DC's criminal justice system is a hybrid of local and federal control. The city's felons are housed by the federal Bureau of Prisons, except sometimes for the last months of their sentences, where they may be stepped down to DOC custody or halfway houses. Annually, approximately 7,600 individuals return to the community after release from DOC facilities while an additional 2,400 return from federal facilities. These returning citizens often have difficulty securing housing that will support their path to full participation as a productive community member. Many individuals have special needs related to health, behavioral health or mental illness. They may also require special support to align and develop strengths and skills leading to productive employment.**

**NEW** **Many of these individuals return to neighborhoods and communities in Wards 5, 7 and 8. They are often disconnected from family and social supports and reside in areas of high crime and poverty, with little employment opportunity. Their needs frequently exceed the community capacity for transitional or permanent housing; health, behavioral health, and substance abuse treatment services; and social services or employment readiness services required to sustain a productive law-abiding life in the community.**

**NEW** **Transitional and permanent supportive housing is needed for successful reentry. In many cases it must be suitable to provide not only for the returning citizen, but for the needs of children or elderly dependents they support. Without such housing, many individuals return to the cycle of activities that resulted in incarceration.**

**NEW** **BEGIN TEXT BOX**  
**In FY 2018 Washington, DC is piloting a ReEntry Portal, which integrates access to transition support services for reentry, including critical connections to parole and supervision, health and behavioral health services, education and employment readiness programs, social services, benefits enrollment, id cards, and transitional housing.**  
**END TEXT BOX**

**NEW** **Returning citizens need to be connected to their children but face challenges to do so including the need to travel to services and mandated appointments. Returning parents often have difficulties supporting themselves and cannot afford adequate childcare. Provision of affordable child care within their home communities would have a positive impact on returning individuals and their families. This service could also have a preventative effect for at-risk individuals in the same communities.**

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BEGIN TEXT BOX

NEW

Communities to which large numbers of citizens are released often have insufficient Adult Mental Health providers and Primary Care providers, as well as reentry service assistance counselors. There is a need for affordable transitional and permanent supportive housing and affordable childcare for parents of minor children. Opportunity exists for providers of social services, educational services, and employment readiness services in these communities.

END TEXT BOX

NEW

Access to appropriate education and employment, essential for full and productive participation in community life, is challenging for many returning citizens. Without the necessary means to support themselves and their families they may not be able to support successful reentry and community reintegration. Education and employment readiness and support are vital for the success of these individuals and for supporting safe and strong neighborhoods and communities.

NEW

*Policy CSF-5.2.1: Supportive Services for Returning Citizens*

Ensure supportive service needs for returning citizens are identified and gaps addressed on an ongoing basis, including for transitional and permanent housing; healthcare and behavioral health; childcare; educational and skills training; and employment.

*See also Housing and Economic Development Elements for related policies.*

NEW

*Policy CSF-5.2.2: Needs of Families and Minor Children of the Incarcerated*

Ensure the needs of families and children of the incarcerated are identified and that appropriate supportive services are in place. Assess and address the needs of families and minor children of the incarcerated.

NEW

*Action CSF-5.2.A: Address Supportive Needs of Reentering Citizens*

Work to create an inventory of housing needs for returning citizens and provide appropriate transitional, supportive and permanent housing opportunities; provide adequate child supportive services; assess the education and training needs for these individuals and create a plan to enhance pathways to employment opportunities.

*See also the Housing Element.*

NEW

*Action CSF-5.2.B: Integrated Services Pilot Program for Reentering Citizens*

Enhance and expand the ReEntry Portal based on analysis of its functionality.

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**NEW** **CSF-6 Emergency Preparedness and Resilience**

**MOVED** **In the years since the 2006 Comprehensive Plan adoption, Washington, DC's approach to emergency management and homeland security has evolved significantly. The District has expanded its focus to include not only pre-disaster planning, but a comprehensive approach that integrates all facets of emergency management, including preparedness, mitigation, response, and recovery. In addition, resilience has emerged as a centrally vital issue to the future of cities. The District has recognized this and has endeavored to characterize threats to the District on an ongoing basis from man-made and natural hazards, including from climate change, and to create living plans and practices that can help ensure the District is prepared for and can respond and recover from severe weather events, man-made incidents, and chronic stressors. Emergency management and resilience are highly interrelated, particularly as it pertains to civic facilities. Finally, and perhaps most significantly, public safety has taken on new dimensions with the elevated threat of terrorism. The District's government institutions, defense interests, and iconic monuments stand out as some of the nation's most visible symbols. This unique status makes it imperative that the District's emergency preparedness efforts be better coordinated to anticipate and respond to national security concerns. The District also must be prepared to respond to natural disasters, such as hurricanes, floods, and other extreme weather events, and to hazardous material spills and other accidents.** 1112.5

**See also Environmental Protection Element.**

**NEW** **CSF-6.1 Emergency Preparedness**

**MOVED** **The District of Columbia Homeland Security and Emergency Management Agency (HSEMA) leads efforts to ensure the District is prepared to prevent, protect against, respond to, mitigate, and recover from all threats and hazards. HSEMA develops and implements homeland security and emergency preparedness plans in coordination with a wide array of local, regional and federal government agencies as well as private sector entities. HSEMA serves as the central communications point for District agencies and regional partners before during and after an emergency; provides training exercises to District agencies and communities; and leads cross-agency coordination in preparation for special events such as demonstrations, marches, and parades.**

**NEW** **HSEMA was created by the District in 2007 in response to City Council passage of the Homeland Security, Risk Reduction, and Preparedness Act of 2005, which consolidated the functions of the former District of Columbia Emergency Management Agency (DCMEA) with those of the State Administrative Agency. In 2012 the District designated HSEMA as home for**

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the primary Fusion Center, which houses the day-to-day operation of the Washington Regional Threat and Analysis Center (WRTAC). As a result of this change, HSEMA expanded to an additional facility on the Unified Communications Center campus.

**NEW**

In recent years, HSEMA developed and institutionalized the District Preparedness System (DPS), which is governed by the DC Emergency Preparedness Council (EPC), the DC Emergency Response System (ERS) Committee, subcommittees, advisory panels, and working groups. As administrator and steward of the DPS, HSEMA coordinates collaboration among these groups to leverage best practices, lessons learned, existing knowledge and expertise, and to elevate innovative resources to meet the known and emerging threats and hazards, building on the Washington, DC's standing as a national leader in emergency management.

**NEW**

In addition, HSEMA plays a key role in District efforts to increase resiliency to climate change and disasters and to improve the lives of District residents. It serves as a key participant in the 100 Resilient Cities initiative launched in 2016, working closely with dozens of stakeholders to promote resilience for the whole community and to integrate resilience and mitigation measures into relevant initiatives.

~~The District of Columbia Emergency Management Agency (DCEMA) coordinates and supports the city's response to emergencies and both natural and man-made disasters. In 2002, the Mayor's Task Force and DCEMA developed the District Response Plan (DRP). The Plan provides the framework for District agencies to respond to public emergencies both within the District and in surrounding jurisdictions. The Plan was recently updated.~~ 1114.4

1114.5

~~In addition to the District Response Plan, there is a Regional Emergency Coordination Plan that addresses regional emergency preparedness activities and a National Response Plan. (See text box on page 11-22 for more information on these plans).~~ 1114.5

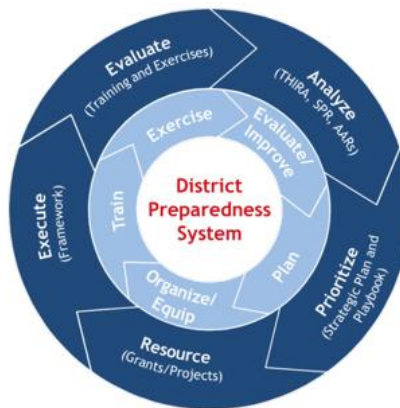
**MOVED**

*BEGIN TEXT BOX*

Washington, DC's District Preparedness System (DPS) ~~Emergency Preparedness Plans in the District of Columbia~~ 1114.7

The District Preparedness System (DPS) forms the foundation of Washington, DC's efforts to integrate preparedness principles District-wide.

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*(Source: District of Columbia Homeland Security and Emergency Management Agency (HSEMA))*

**The DPS encompasses all elements of the preparedness cycle that allow the District to identify capability gaps, prioritize and develop capabilities, and execute those capabilities when required by real world events. Success of the DPS relies heavily on the support and participation of stakeholder agencies across Washington, DC and the National Capital Region. By working together to identify the most critical threats and hazards and build capabilities to address them, DPS stakeholders continue to build a more prepared and resilient Washington, DC.**

#### **The District Response Plan**

The District Response Plan (DRP), developed in response to the terrorist attacks of September 11, 2001, describes the mechanism and structure by which the District government mobilizes resources and conducts activities to address the consequences of any major disaster or emergency within the boundaries of the District of Columbia. The plan takes an all-hazards approach to disaster response, which means the plan does not address specific scenarios, but can be used in any public emergency situation such as:

- Natural Hazards—severe weather, hurricanes, tornadoes, flooding, or earthquakes
- Infrastructure Disruptions—utility and power failures, water supply failures, critical resource shortages, or exploding manhole covers
- Human-caused Events and Hazards—urban fires, special events, civil disorder, or transportation accidents
- Technological Hazards—hazardous materials, radiological, biological, or computer-related incidents
- Terrorist Incidents—bomb threats, sabotage, hijacking, or armed insurrection that threatens life or property. Terrorist attacks can also be conduits through which biological, chemical, and radiological agents can be employed.

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*More information on the District Response Plan can be found at <http://dcema.dc.gov/dcema>*

~~The Regional Emergency Coordination Plan~~

~~The Regional Emergency Coordination Plan was developed by the Metropolitan Washington Council of Governments, in partnership with local, state, federal, and private sector organizations, to strengthen regional communication and coordination in the event of a regional incident, disaster, or emergency. At the heart of the Regional Emergency Coordination Plan is a 24/7 communications capability called the Regional Incident Communication and Coordination System. Local, state, and federal officials can be linked and share information within 30 minutes or less of an emergency. The plan is organized along 15 regional emergency support functions and it parallels the emergency support function structure of the National Response Plan and the District of Columbia Response Plan. More information on the Regional Emergency Coordination Plan can be found at <http://www.mwcog.org/security/>~~

~~National Response Plan~~

~~The National Response Plan establishes a comprehensive approach to enhance the ability of the United States to manage domestic incidents. The Plan forms the basis of how federal departments and agencies will work together and how the federal government will coordinate with state and local governments and the private sector during incidents.~~

~~END TEXT BOX~~

**NEW**

*START TEXT BOX*

**Community Risk Assessment (CRA)**

**As a vital component of Washington, DC's District Preparedness System is the Community Risk Assessment (CRA), a multi-pronged approach to identifying hazards and assessing risk. The CRA uses sophisticated methods and data (including geospatial, demographic, socioeconomic, and critical infrastructure information) to model the risk and consequences for a variety of threats and hazards. These are then used to inform a wide range of preparedness products and processes, including hazard mitigation strategies; strategic, operational, and tactical plans; the annual District State Preparedness Report; and the District's annual Threat and Hazard Identification and Risk Assessment.**

*END TEXT BOX*

**NEW**

**Policy CSF-6.1.1: District Preparedness**

**Continue to create a District-wide culture of preparedness, informed by a sustainable and effective system, preparing the city to prevent and protect against, mitigate, respond to and recover from all hazards that threaten Washington, DC. This includes integrating preparedness goals into relevant efforts across individual District agencies. Include Neighbor-to-Neighbor**



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**Disaster Assistance Training, building on the success of the Community Emergency Response Team (CERT) and related programs.****NEW****Policy CSF-6.1.2: Direction, Coordination and Support During Incidents and Events****Continue to enhance the capability to provide overall direction and support of significant incidents and events within or affecting the District through the maintenance and operation of the Emergency Operations Center, a 24/7 watch center, an intelligence fusion center, a public information coordination center, and a center for private-sector coordination.****NEW****Policy CSF-6.1.3: Reducing Vulnerability in Recovery Phase****Capitalize on opportunities during the recovery phase to further reduce vulnerability by integrating mitigation activities into Washington, DC's post-disaster recovery operations, including Preliminary Damage Assessment (PDA) and after-action processes.****NEW****Policy CSF-6.1.4: Accommodating Accessibility Requirements****Ensure that preparedness capabilities accommodate accessibility requirements of individuals with disabilities and others with access and functional needs. Taking a Whole Community approach, develop plans with the Disabilities and Access or Functional Needs (DAFN) community to ensure an equal opportunity to access and benefit from the District's preparedness programs, services, and facilities.****NEW****Policy CSF-6.1.5: Emergency Communications****Establish and maintain capabilities to deliver coordinated, prompt, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, to the extent possible, District actions and assistance being made available for those in need.****NEW****Policy CSF-6.1.6: Technology and Emergency Preparedness****Ensure ongoing coordination of District technology initiatives with District Preparedness System (DPS) efforts, providing effective, efficient and secure services to government agencies as well as residents, businesses and visitors who depend on these. Evaluate the use and impact of new and emerging technologies on emergency preparedness. Arenas with rapidly evolving or emerging technologies include robotics (including drones and autonomous vehicles), data and connectivity, energy and resources, and digital visualizations and interfaces.****See also Infrastructure Element.**

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- NEW** *Policy CSF-6.1.7: Securing Essential Resources*  
Continue to assess and secure essential resources, including personnel, facilities, technology, and technological systems in response to a changing community and threat/hazard environments.
- NEW** *Policy CSF-6.1.8: Stakeholder Engagement*  
Continue engaging with key stakeholders and partners in relevant aspects of the District Preparedness System (DPS) to strengthen District-wide preparedness. Continue to build collaborative partnerships with key private sector stakeholders to facilitate timely coordination, information dissemination, and emergency response and recovery efforts, particularly during catastrophic incidents.
- NEW** *Policy CSF-6.1.9: Maximize External and Alternative Funding Means*  
Maximize the use of federal and non-federal grants to implement the District's mitigation and homeland security strategies, including those relating to pre- and post-disaster historic and cultural preservation activities. For events that qualify for federal disaster declaration, develop policies and procedures to incorporate hazard mitigation into the repair, relocation, or replacement of damaged public facilities and infrastructure. To the extent possible, include a process for identifying and prioritizing eligible project activities that can leverage additional hazard mitigation funds.
- NEW** *Policy CSF-6.1.10: Cybersecurity*  
Continue to coordinate cybersecurity vulnerabilities and threat assessments across relevant agencies and other stakeholders, and to strengthen Washington, DC's cybersecurity protection and response capabilities.
- NEW** *Action CSF-6.1.A: District Preparedness System*  
Continue to administer, define, refine, implement, and maintain the District Preparedness System (DPS) in order to provide continuity of government, maintain continuity of operations, and provide emergency services to the community.
- NEW** *Action CSF-6.1.B: Integration of Accessibility Requirements into the Preparedness System*  
Continue to develop and maintain a program that allows DPS stakeholders and partners to regularly integrate the accessibility requirements of individuals with disabilities and others with access and functional needs across all phases of the District Preparedness System, as mandated by the D.C. Human Rights Act, Americans with Disabilities Act, and Rehabilitation Act. This includes developing and delivering training to agencies on inclusive methods and practices for preparedness. Continue to develop and maintain strategic, operational, and tactical-level plans for providing individuals with disabilities and others with access and functional needs accessible programs

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and services, including mass care and shelter services, transportation and evacuation, and notification and communication.

**NEW**

**Action CSF-6.1.C: Development Projects and Risk Reduction**

**Explore methods for further reducing risks and vulnerabilities of major development projects to man-made and natural hazards.**

**NEW**

**Action CSF-6.1.D: Evaluate Use and Impacts of Emerging Technologies on Emergency Preparedness**

**Explore and evaluate the potential use and impacts of new and emerging technologies on the District's emergency preparedness, mitigation and response operations. Arenas with rapidly evolving or emerging technologies include robotics (including drones and autonomous vehicles), data and connectivity, energy and resources, and digital visualizations and interfaces.**

**NEW**

**CSF-6.2 Resilience and Critical Facilities**

**NEW**

**This section addresses the protection and enhancement of Washington, DC's facilities and lands to address vulnerability of critical facilities to adverse effects natural and man-made shocks, such as extreme weather events and security incidents, and to long-term stresses, such as sea level and temperature rise, which are driven by climate change. Washington, DC has adopted robust, multi-pronged strategies to address these issues. In addition to addressing sudden threats and hazards through the District Preparedness System (DPS), the District is working to address chronic stressors, such as poverty, safety, access to health care and healthy food, through a wide range of policies contained throughout the Comprehensive Plan. While the District recognizes that many, if not most, of the Comprehensive Plan policies are connected to resilience, policies that explicitly identify resilience are contained in specific subsections of this Element to provide a logical framework: this section and the "CSF-2.2 Healthy Communities and Resilience" section.**

**NEW**

**Policy CSF-6.2.1: Consider Vulnerabilities and Mitigations when Planning Critical Facilities**

**Consider and evaluate vulnerabilities and mitigations for planning and protecting District-owned facilities from man-made and natural incidents and events, as well as chronic stressors, such as sea level rise and heat emergencies. Identify and prioritize major vulnerabilities and hazards. Incorporate risk and hazard mitigation into operational and investment planning.**

**NEW**

**Policy CSF-6.2.2: Integration of Climate Adaptability**

**Promote integration of vulnerability assessments in resilience planning, including climate adaptability, into pertinent aspects of the District**

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Preparedness System using the best available data and in accordance with other District initiatives in order to adequately prepare for an evolving risk environment.

See also the Environmental Protection Element

**NEW**

*Policy CSF-6.2.3: Energy-Resilient Facilities*

Explore ways to make buildings critical to emergency response services more energy resilient. Consider energy systems capable of operating during periods of brief or sustained outages as well as supply disruptions, including microgrids.

See also the Environmental Protection Element

**NEW**

*Policy CSF-6.2.4: Temporary Post-Disaster Housing*

Provide residents displaced by disaster with local access to emergency shelter and temporary, interim housing as part of the community disaster recovery process. Coordinate with federal and regional partners to promptly identify and secure safe, temporary housing options for those in need. Seek to reduce barriers to provision of interim housing through existing regulations, ordinances, codes, and policies.

See also the Housing Element

**NEW**

*Policy CSF-6.2.5: Technology and Resilience*

Explore the use and impact of new and emerging technologies on resilience vulnerability assessment and mitigation planning.

*Policy CSF-6.2.6: Community Resilience Hubs*

Explore Community Resilience Hubs as a key component of Washington, DC's resilience strategy. Community Resilience Hubs are intended to serve as a gathering place for residents that are experiencing a shock or stress in their neighborhood. It would be somewhere in the community such as a recreation center or church.

**NEW**

*Policy CSF-6.2.7: Promote Resilient Communities*

Promote resilient communities in Washington, DC by advancing resilience on a citywide basis and at a neighborhood-specific level. Improve coordination across plans and strategies that address the city's social, health, physical, and food systems, and the positioning of city assets to help neighborhoods withstand, adapt to, and recover from adversity.

See also Infrastructure Element.

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- NEW**      **Action CSF-6.2.A: Community Risk Assessments**  
**Update the Community Risk Assessment (CRA) of the District Preparedness System on a recurring basis to reflect changes in the risk profiles of relevant natural and man-made systems in the District.**
- NEW**      **Action CSF-6.2.B: Protecting Critical Community Facilities**  
**Protect critical facilities from a wide range of threats and hazards and develop fortified and redundant systems in order to deliver essential services at all times.**
- NEW**      **Action CSF-6.2.C: Training on Protecting Critical Community Facilities**  
**Develop a training program on Critical Community Facilities for law enforcement, public utilities, and private sector personnel.**
- NEW**      **Action CSF-6.2.D: Vulnerability of District-Owned Facilities**  
**Continue to support development of criteria and methodologies to assess the vulnerability of critical District-owned facilities to man-made and natural shocks, as well as chronic stressors.**
- NEW**      **Action CSF-6.2.E: Mitigating Vulnerability of District-Owned Facilities**  
**Explore approaches and tools to address identified vulnerabilities of District-owned facilities. Citywide and site-specific factors should be taken into account, as well as near-term and long-range risks.**
- NEW**      **Action CSF-6.2.F: Evaluate the Potential Use and Impacts of Emerging Technologies on Resilience and Critical Facilities**  
**Review and evaluate the impacts of new and emerging technologies on the District's resilience and their potential for helping the District to advance near-term and long-range resilience objectives.**
- NEW**      **Action CSF-6.2.G: Community Resilience Hubs**  
**Explore the potential of establishing Community Resilience Hubs to strengthen community ties and to help establish reliable networks for vital services and disaster preparedness and recovery.**